

15/5/2010

INS. CASE OWNER:

CC3 / AIG180 04233 / Kly53

LKK:

IDAC:

ASSIGNMENT

Surveyor:

KALVEN

DOI:

02/03/18

Date / Time:

02/03/18

Registered in Merimen:

05/03/18

Pre-assign / CCU / FTE



Insured Vehicle No. : SLC 7557

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$

D.O.A : 01/03/18

Place of Accident : _____

Is driver the owner? (YES / NO) Nature of Accident : _____

If NO, Driver Name / Age : _____

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SHA 71543

INSRS:
WSP: 0266 (Copy)
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date / Time	STAGE	DATE / PIC
SHA 71543 - NS/INC120/7201/H12d1 Dm 01/03/18	Non-Reporting ltr (1st):	
SLC 7557 - X	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	
	After call ltr to OI:	
	Documentation Check List: Handler Typist	
	Notification ltr (if non-pickup)	
	After call ltr to OI:	
	Authorisation To Act:	
	Release Voucher:	
	Final Repair Bill:	
	Car Rental Invoice:	
	Towing Invoice:	
	LTA / GIA :	
	Medical Bill:	
	PIR:	
	Mandate/Reject Instruction:	
	LOD	
	Payment Breakdown Form:	
	Post-Repair Photos:	
	Others:	
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____		
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____		
Repair Cost: S\$	(days) Reduction: %	Email ☐ Call ☐
FINAL SETTLEMENT Date/Time: _____ Confirm with: _____ Email ☐ Call ☐		
Final Liability: %	(Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost: S\$		
Loss of Rental (LOR): S\$	(days)	
Loss of Use (LOU): S\$	(\$ x days)	
Loss of Income (LOI): S\$	(\$ x days)	
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LO ☐ [Tick only one]		
GIA/LTA Search S\$		
Medical: S\$		1) Claim status: Normal/Reject/Private Settle
Disbursement: S\$	(e.g. Tow/ Independent)	2) Report Format:
Legal Cost S\$		3) Survey fee:
Total: S\$	Global Sum S\$:	
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email ☐ Call ☐		
Payee 1: S\$	Name 1:	
Payee 2: (Strike if N.A.) S\$	Name 2:	
Payee 3: (Strike if N.A.) S\$	Name 3:	

Kalvin

ASSIGNMENT

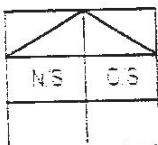
SHA 7134B

24 Mar 2016

Right Date
Estimated Cost
OD TR WS TR RES OD RES EVAL NY NY
To inspect vehicle no
at Workshop no
of
Insured
Policy No
Claims No
Sum Insured Excess
Clients Record
Make of car

Truck / Trailer
Make Hyundai 240 1685
Colour Blue
St. Reading 235724 Radio Insd Std N/A
Eng No
Ch No KM HLB 444M 6408 6622
Gen. Cond. Good / Poor / Burnt
Steering Inorder Jammed / Leaked / Burnt or
Brake Inorder Jammed / Leaked / Burnt or
Mod Nil / SIRim / STD / CRim or
Tyre Size R 205/60 R16
R
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI
TOYO / YOKO or Hankook
Front Rear
R.Bal 7 mm R.Bal 7 mm
L.Bal 7 mm L.Bal 7 mm
D.O.A. 1/3/18 D.O.A. 2/3/18
Survey held at CDGE (Logong)
Des. of Damages: Fr. Rear O/S N/S / UIC / Rooftop or Rear.
The UIC / Chassis frame / Body Structure affected due to collision

Policy Condition
Remark: The veh had commenced its repair at the time of inspection.
Bal. or Market Value
D.O.A. Accident Report Consistent? : Yes or No
G/A PP Seen Consistent? : Yes or No
Est. Repairs days Res: Yes or No
Sum Sum % 3 val: Yes or No
CA REV / REP. / 24 HRS
Date Person Contacted Vehicle IN / OUT



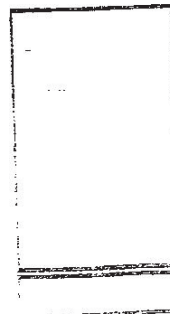
Date Time Action Instruction

Date Time File Passes
☐ Prel. Report
☐ Final Report

Days Of Repair
Resurvey No. of Trip

Add Fee:
☐ Site Insp \$
☐ Night \$
☐ Tech \$
☐ Labor \$

Survey Fee
Transport



A24
P/R

am: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO.: 305121275

OMER	REGN NO. SHA7134B	MILEAGE
IS COMFORT TRANSPORTATION PTE LTD	MAKE: HYUNDAI	FUEL
OMER NO. 7010045	MODEL: I-40	E.....1/2.....F
RESS 383 SIN MING DRIVE	YR OF MANU. 24.03.2016	DATE/TIME IN 01.03.2018 16:50
Singapore SINGAPORE 575717	CHASSIS CODE RH1LB41UMGU086622	TARGET DATE
65508755 (R) (P) (O)		COMPLETION DATE/TIME:

OUNT CARD NO.

JOB DESCRIPTION

ccident Date: 01.03.2018
ATURE: 3P 01.03.18

/NO	LABOR CODE	DESCRIPTION
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CKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ledgement Slip

Exit Pass

No.: **SHA7134B**

JU AIG LKK

Vehicle No.:

SHA7134B

if Service Advisor

Signature/Date

Name of Service Advisor

Date

sturned to Service Reception upon collection

To be kept by Security Guard