

INS. CASE OWNER:

cc3, Alal 800 4287, Klapa3

LKK:

IDAC:

Surveyor:

Calvin

DOI:

ASSIGNMENT

5/5/18

Date / Time:

6/3/18

Registered in Merimen:

6/3/18

Pre-assign / CCU / FTE

SPK 3373A



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :SS

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

SH9083 J



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SH9083J - CUP/11/700 9479/2146392 ; 00A: 11/05/18
SPK 3373A - NA/11/600 7707/123 ; 00A: 25/4/16

STAGE DATE / PIC

Non-Reporting ltr (1st):

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 + LOI ☐

[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:

Kalin

REF:

ASSIGNMENT

From _____ Date _____
 Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To inspect vehicle No. _____
 at Workshop mis _____
 of _____
 Insured _____
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
 repair at the time of inspection.

N/S	O/S

Bal. or Market Value: _____
 IDAC Accident Rpt: _____ Consistent?: Yes or No
 GIA / PR Seen: _____ Consistent?: Yes or No
 Est. Repairs: _____ days Res.: Yes or No
 Lum Sum: _____ % 3 Val: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____
 Vehicle: IN / OUT

Veh No. SH 9083J Yr Regn. 16/2/2015
 Type: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Hyundai 240 cc 1685
 Colour: Blue A/C: 0 Insu: 0 Std / NI / NA
 Sp. Reading: 316858 T/Radio: Insu: 0 Std / NI / NA
 Eng/No: _____
 C No: KMHCB414M44075288
 Gen. Condi: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Mod: Nil / S/Rim / STD 0 Rim or
 Tyre Size: F: 205/60R16
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Harada
 Front: _____ Rear: _____
 R/Bal. 7 mm R/Bal. 7 mm
 L/Bal. 7 mm L/Bal. 7 mm
 D.O.A. 1/3/8 D.O.I. 5/3/8
 Survey held at: CDGE (Loyang)
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Rear n/s
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time: 6/3/8 Action / Instruction: Chk P/P \$1156.08 / 2 hrs.

A24
P/PDate/Time: File Pass to: ☐ : Preli. ReportDate/Time: File Return to: ☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee

Transportation

Date/Time: File Return to:

Date/Time: File Return to:

Add Fee: ☐ Site Insp \$☐ Interview \$☐ Tech. Insp \$☐ Weekend \$

S - R - S

Photos

Others

Report Format

Lump Sum / (B) \$

TOTAL

Date/Time: 02.03.2018 17:28 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO: 305121488

CUSTOMER	REGN NO: SH 9083J	MILEAGE
COMFORT TRANSPORTATION PTE LTD	MAKE: HYUNDAI	FUEL
7010045	MODEL: I-40	E:.....1/2.....F
383 SIN MING DRIVE	DATE/TIME IN: 02.03.2018 13:00	
Singapore SINGAPORE 575717	YR OF MANU: 16.07.2015	TARGET DATE
65508755 (O)	CHASSIS CODE: RMHLE41UMGU075288	COMPLETION DATE/TIME:
SCOUNT CARD NO.		

JOB DESCRIPTION

Accident Date: 01.03.2018
 NATURE: 3P 01.03.2018

S / NO	LABOR CODE	DESCRIPTION
		ALG - taxi Rear damage
		LKK / Kalmi -

CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Knowledge Slip

Exit Pass

Vehicle No.: SH 9083J
 LARRY

Vehicle No.: SH 9083J

Larry Ng

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Vehicle returned to Service Reception upon collection

To be kept by Security Guard