

INS. CASE OWNER:

LKK:

IDAC:

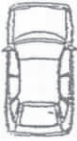
Surveyor:

DOI:

Date / Time :

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

Name of Insured :

Insured Tel No. :

HP:

Excess Sec II :S\$

D.O.A :

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

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

Insured Liability :

%

Final ? Yes / No



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

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\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Legal Cost

S\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

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:

Simzuc

28 July, 3'6

Veh No: SPC 9785 Yr Regn: 1

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: *Hyundai* *240* C.C. *1685*

Colour Yellow A/C: Insured / Std / NI / NA

Sp. Reading 290785 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: K^mHLB 4144640 92781

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi : Nil / S/Rim / ~~STD~~ A/Rim or

Tyre Size: F: 205 / 60 R16

R: 7

BS / DUN / EXNOVA / GY / FS / LIZA / MJC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

R/Bal. 7 mm R/Bal. 2 mm

L/Bal. 7 mm L/Bal. 7 mm

D.O.A. 2/3/8 D.O.I. 8/3/8

Survey held at (DRE (Loyang))

Vehicle: IN / OUT

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

AxA
P/P

Date/Time, File Pass to?

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee: : Site Insp (\$

) Photos

) Others

TOTAL

Team: ARC Repair TP(CFSO)1

JOB CARD Sales Order: 3809260

JC NO: 305123147

OWNER CITYCAB PTE LTD 7010070 383 SIN MING DRIVE Singapore SINGAPORE 575717 65551188 (R) (O) (P)	REGN NO. SHC7185T	MILEAGE
	MAKE HYUNDAI	FUEL E.....1/2.....F
	MODEL I-40	DATE/TIME IN 07.03.2018 05:45
	YR OF MANU 28.07.2016	TARGET DATE
	CHASSIS CODE KMLB41UMGU092481	COMPLETION DATE/TIME:

OUNT CARD NO.

JOB DESCRIPTION

ccident Date: 07.03.2018
ATURE: 3P 07.03.18

/NO	LABOR CODE	DESCRIPTION
00010	23-01	TOWING FEE

CKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

/edgement Slip

Exit Pass

No.: **SHC7185T** **JU AXA**

Vehicle No.: **SHC7185T**

of Service Advisor

Signature/Date

Name of Service Advisor

Date

eturned to Service Reception upon collection

To be kept by Security Guard