

15/02/2010

INS. CASE OWNER:

Jowyn

CC3 / CT118005305 / R1es3

LKK:

IDAC:

Surveyor:

RASUL

DOI:

ASSIGNMENT

20/02/18

Date / Time:

20/02/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

928 STOE

Name of Insured:

Insured Tel No.:

HP:

Excess Sec II : \$\$

D.O.A: 17/02/18

Is driver the owner?

(YES / NO)

Nature of Accident:

Claim No.:

Policy No.:

Make / Model:

Place of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

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

Insured Liability: % Final ? Yes / No

SHR 3450



INSRS:

WSP: CDH (Lans)

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time	STAGE	DATE / PIC
SHR 3450 - CC3 / LCR1702220 / R1es3 DOA: 17/11/18	Non-Reporting ltr (1st):	
J- NA / CT118005089 / R4	Non-Reporting ltr (2nd):	
928 3750E - NA / CT118005089 / R4	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: 21/02/18

Sent By: Shirley Davis

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		1) Claim status: Normal/Reject/Private Settle
Medical:	\$S		2) Report Format:
Disbursement:	\$S	(e.g. Tow/ Independent)	3) Survey fee:
Legal Cost	\$S		
Total:	\$S	Global Sum \$S:	Email ☐ Call ☐
FINAL PAYMENT	Date/Time:	Confirm with:	
Payee 1:	\$S	Name 1:	
Payee 2: (Strike if N.A.)	\$S	Name 2:	
Payee 3: (Strike if N.A.)	\$S	Name 3:	

Pasur

28396

2014 July

SHB 35454

Form
Uninsured
OD / TP / WS / TP / RES / OD / PES / LVA / INV / MV
Vehicle
Wholesale
Insured
Policy No
Chain No
Sum Insured
(Policy Condition)
Make of Vehicle

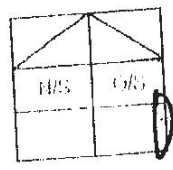
Truck / Trailer
Motorcycle / Ped / Van / Light
Type
Make
Color
Cap / Reading
Engine
C/Nr
Gen. Cond. Good / Fair / Poor / Burnt
Steering
Brake
Modi
Tyre Size
F:
R:

HYUNDAI I 40 1.7
YELLOW
573339

14825

KMHLB41UMEU058002

205/60R16



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

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or WESTLAKE

Est. Repair
Lum Sum
Consistent? Yes or No
Res: Yes or No
3 Val: Yes or No

Front
R/Bal
L/Bal
D.O.A.
Survey held at
Des. of Damages
Frt / Rear / O/S / N/S / UIC / Rooftop or

5
5
18/03/18

CONFORT DELIRO

0/3 RGR

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date Person Contacted

The UIC / Chassis frame / Body Structure affected due to collision

Date / Time Action / Instruction

Estimated Date Loss

Preli. Report
Final Report

Days Of Repair

Resurvey No. of Trip

Add Fee: \$
\$
\$
\$

Signature
Date

Team: ARC Repair TP(CFS0)1

JOB CARD Sales Order:

JC NO.305126423

CUSTOMER

MS CITYCAB PTE LTD
CUSTOMER NO 7010070
ADDRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
65551188 (R) (O)

COUNT CARD NO.

REGN NO SHB3545U

MILEAGE

MAKE HYUNDAI

FUEL

E.....1/2.....F

MODEL I-40

DATE/TIME IN 19.03.2018 12:30

YR OF MANU 17.07.2014

TARGET DATE

CHASSIS CODE KMHLB41UMEU058002

COMPLETION DATE/TIME:

CHINA

JOB DESCRIPTION

Accident Date: 18.03.2018
NATURE: 3P 18.03.2018

3/NO

LABOR CODE

DESCRIPTION

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHB3545U

LKE/MA

Vehicle No.: SHB3545U

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard