

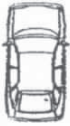
INS. CASE OWNER:

CC 3/AIG1800 5721, FLUB3

LKK:
IDAC:

Surveyor: Falun DOI: ASSIGNMENT 27/7/18 Date / Time: 28/7/18
Registered in Merimen: 28/7/18

Pre-assign / CCU / FTE



Insured Vehicle No. : SLN 68090
Name of Insured : _____
Insured Tel No. : _____ HP: _____
Excess Sec II :S\$ _____ D.O.A : 27/7/18
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

SHA 2147C →



INSRS: CODE
WSP: WJ
Tel : _____
Liability : _____
RMKS: _____



INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS: _____
WSP: _____
Tel : _____
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RMKS: _____



INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____

Date/ Time	STAGE	DATE / PIC
<u>SHA 2147C</u>		<u>SLN 68090 - 4</u>
	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)	<input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/>
	LOD	<input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____		
Repair Cost: S\$ _____ (_____ days) Reduction: _____ %	Email <input type="checkbox"/>	Call <input type="checkbox"/>
FINAL SETTLEMENT Date/Time: _____ Confirm with _____ Email <input type="checkbox"/>	Call <input type="checkbox"/>	
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 <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [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 <input type="checkbox"/>	Call <input type="checkbox"/>	
Payee 1: S\$ _____ Name 1: _____		
Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____		
Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____		

06/11/13

Surve *Kalvin*

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Insp ed Vehicle No: _____

at Work shop m/s _____

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: *SHA 2197C* Yr Regn: *4 Mar / 2016*

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

Truck / Trailer or _____

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

Colour: *Blue* A/C: Insured / Std / NI / NA

Sp. Reading: *356160* T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: *KMHCB414M64083600*

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inop / Jammed / Leaked / Burnt or _____

Brake: Inop / Jammed / Leaked / Burnt or _____

Modi: Nil / S/Rim / STD Rim or _____

Tyre Size: F: *205/60 R.16*

R: _____

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

TOYO / YOKO or *Har Kute - front Wed Kute - Rear*

Front _____ Rear _____

R/Bal. *7* mm R/Bal. *7* mm

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

D.O.A. *24/3/8* D.O.I. *27/3/8*

Survey held at *CDGE (Loyang)*

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

o/s Rear

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

Date / Time	Action / Instruction

*AG
P/P*

Date/Time, File Pass to? : Prel. Report

1) _____ : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech Insp (\$ _____)

: ... (\$ _____)

S + RS, SI

Photos

Others

TOTAL

Report Format: _____

Approved by: _____

Team: ARC Repair TP(CLS0)1 **JOB CARD** Sales Order: JC NO.305128546

CUSTOMER NAME: COMFORT TRANSPORTATION PTE LTD VEHICLE NO: 7010045 CUSTOMER NO: 383 SIN MING DRIVE ADDRESS: Singapore SINGAPORE 575717 TEL: 65508755 (O) (P) SCOUNT CARD NO.	REGN NO: SHA2197C	MILEAGE
	MAKE: HYUNDAI	FUEL E.....1/2.....F
	MODEL: T-40	DATE/TIME IN: 24.03.2018 15:20
	YR OF MANU: 04.03.2016	TARGET DATE
	CHASSIS CODE: KMHLB41UMGU083600	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 24.03.2018
 NATURE: 3P 24.03.2018

S/NO	LABOR CODE	DESCRIPTION
		Alh-taxi Right Rear damage LKK/

CHECKED & PASSED OUT BY: _____

 SERVICE ADVISOR CUSTOMER'S SIGNATURE

Acknowledgement Slip

Name: _____
 Job No.: SHA2197C
 Vehicle No.: LARRY

Larry Ng

Name of Service Advisor _____ Signature/Date _____

Vehicle returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHA2197C

Name of Service Advisor _____ Date _____

To be kept by Security Guard