

INS. CASE OWNER:

CC 3, CTI 1800 5787, Clea3

LKK:

IDAC:

Surveyor:

Amc

DOI:

ASSIGNMENT

27/03/18

Date / Time :

27/03/18

Registered in Merimen:

Pre-assign / CCU / FTE

CB6337T



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :SS

D.O.A : 26/03/18

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

SID 4255P



INSRS:

WSP:

Tel :

Liability :

RMKS:

cmh
10409

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:

(08/14/13)

Name: Kalvin

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Insp ed Vehicle No: _____

at Workshop 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: SHD 4255P Yr Regn: 24 Aug 2012

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

Truck / Trailer or

Make: Hyundai Santa Fe C.C. 1991Colour: Blue A/C: Ins / Std / NI / NASp. Reading: 77184 T/Radio: Ins / Std / NI / NA

Eng/No: _____

C/No: KM HET41VMCA825166Gen. Cond: Good / 6 / Poor / BurntSteering: Inorder / 6 / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD / 6 / Rim orTyre Size: F: 215/60R16

R: _____

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

TOYO / YOKO or Maxx3

Front _____ Rear _____

R/Bal. 2 mm R/Bal. 2 mmL/Bal. 1 mm L/Bal. 2 mmD.O.A. 26/3/12 D.O.I. 27/3/12Survey held at CDGE (Loyang)

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

Rear o/s.

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

Date / Time	Action / Instruction

CTE
U/S

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Insp (\$)☐ : Other (\$)

Report Format: _____

Date/Time, File Return to?

Date/Time: 27.03.2018 08:06

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO.305135516

OWNER COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 (R) (P)	REGN NO: SHD4255P	MILEAGE
COMER NO 7010045	MAKE: HYUNDAI	FUEL E.....1/2.....F
ADDRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 (R) (P)	MODEL SONATA	DATE/TIME IN 26.03.2018 13:50
	YR OF MANU 24.05.2012	TARGET DATE
QUANTITY CARD NO.	CHASSIS CODE KMHET41VMCA825166	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 26.03.2018
ATURE: 3P 26.03.18

/NO	LABOR CODE	DESCRIPTION
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BOOKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

No.: SHD4255P LIMITS

Vehicle No.: SHD4255P

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard