

INS. CASE OWNER:

CC 3/AIG1800 6060, P2067

LKK:

IDAC:

Surveyor:

FALAN

DOI:

ASSIGNMENT

7/4/18

Date / Time :

7/4/18

Registered in Merimen:

7/4/18

Pre-assign / CCU / FTE



Insured Vehicle No. :

SDR 66776

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

D.O.A :

7/7/18

Place of Accident :

Is driver the owner?

(YES / NO)

Nature 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

GHC 8700P



INSRS:

WSP:

Tel :

Liability :

RMKS:

WBE
m

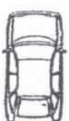
INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time		STAGE	DATE / PIC
	GHC 8700P - 4	Non-Reporting ltr (1st):	
	SDR 66776 - 4	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:

(08/11/13)

Sine: Kevin

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: SHC 8799 R Yr Regn: 4 Mar / 2016Type: M.Car / M.Cycle / Bus / Van / Lorry / T. 0 / Prime Mover /

Truck / Trailer or

Make: Hyundai I40 C.C. 1685Colour: Blue A/C: Ins / Std / NI / NASp. Reading: 21240 T/Radio: Ins / Std / NI / NA

Eng/No: _____

C/No: KM HLBK14M64085486Gen. Cond: Good / 6 / Poor / BurntSteering: In order / 6 / Jammed / Leaked / Burnt orBrake: In order / 6 / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD / 6 / Rim orTyre Size: F: 205/60R16R: 7

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

TOYO / YOKO or Hyundai

Front _____ Rear _____

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 30/3/8 D.O.I. 2/4/8Survey held at CDGE (Loyang)

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

o/s Frnt.

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

Date / Time	Action / Instruction
<u>3/4/8</u>	<u>Call P/P \$244 6.16/3P</u>

Date/Time, File Pass to? ☐ : Preli. Report1) ☐ : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Report Form 1

Date: _____

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO: 305136873

CUSTOMER		REGN NO:	MILEAGE
COMFORT TRANSPORTATION PTE LTD		SHC8799R	
MS	7010045	MAKE:	FUEL
CUSTOMER NO		HYUNDAI	E.....1/2.....F
ADDRESS	383 SIN MING DRIVE	MODEL	DATE/TIME IN
	Singapore SINGAPORE 575717	I-40	31.03.2018 08:40
(R)	65508755	YR OF MANU	TARGET DATE
(P)		04.03.2016	
		CHASSIS CODE	COMPLETION DATE/TIME:
		KMHLB41UMGU085446	

JOB DESCRIPTION

Accident Date: 30.03.2018
NATURE: 3P 30.03.2018

S/N NO LABOR CODE DESCRIPTION

CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHC8799R

LARRY

Vehicle No.: SHC8799R

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard