

INS. CASE OWNER:

CC3 / LCR 1800 6337, KI Jaz

LKK:

IDAC:

Surveyor:

ANK

DOI:

ASSIGNMENT

8/4/18

Date / Time:

8/4/18

Registered in Merimen:

8/4/18

Pre-assign / CCU / FTE



Insured Vehicle No. : SL69105T

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :SS D.O.A : 3/4/18

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

SHC 1654X

INSRS: CP66
WSP: Wyang.
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
SHC 1654X - CUP / AXA 18000687 / KIMAZ, 08/04/18	Non-Reporting ltr (1st):	
- CC3 181800661 / KUB3, 08/04/18	Non-Reporting ltr (2nd):	
SL69105T - X	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:	☐
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____	Post-Repair Photos:	☐
	Others:	☐
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\$ _____		
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: _____		

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

(05/11/13)

Name: Kalvin

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Insp 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 Report: _____ 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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SHC 1654X Yr Regn: 19 Apr 2012

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

Truck / Trailer or

Make: Hyundai Santa Fe C.C. 1.8LColour: Blue A/C: Ins Std / NI / NASp. Reading: 277819 T/Radio: Ins Std / NI / NA

Eng/No: _____

C/No: KMHET41V4CAB 23258

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 255/60R16

R: _____

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

TOYO / YOKO or Wgth

Front _____ Rear _____

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 3/4/8 D.O.I. 5/4/8Survey held at CDGE (Loyang)

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

Rear

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

Date / Time	Action / Instruction

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: _____

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

Photos _____

AZA
4/5

Team: IN ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO 305138641

CUSTOMER		REGN NO.	MILEAGE
COMFORT TRANSPORTATION PTE LTD		SHC1654X	
7010045		MAKE	FUEL
CUSTOMER NO.		HYUNDAI	E.....1/2.....F
ADDRESS		MODEL	DATE/TIME IN
383 SIN MING DRIVE		SONATA	04.04.2018 14:00
Singapore SINGAPORE 575717		YR OF MANU.	TARGET DATE
65508755		19.04.2012	
L. (R) (P)		CHASSIS CODE	COMPLETION DATE/TIME:
		KMHE141VMCA823258	
SCOUNT CARD NO.			

JOB DESCRIPTION

Accident Date: 03.04.2018
NATURE: 3P 03.04.2018

S/NO	LABOR CODE	DESCRIPTION
	AIG- taxi	Rear damage
	LKC/Kalvin	

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE _____

Acknowledgement Slip

Exit Pass

e:
lo.:
ple No.: SHC1654X LARRY

Vehicle No.: SHC1654X

Larry Ng

e of Service Advisor

Signature/Date

Name of Service Advisor

Date _____

a returned to Service Reception upon collection

To be kept by Security Guard