

INS. CASE OWNER:

CC 3/CT11800 6754, F21263

LKK:
IDAC:

Surveyor: KALVIN

DOI: ASSIGNMENT 11/4/18

Date / Time : 11/4/18

Registered in Merimen: —

Pre-assign / CCU / FTE

PC 2124H



Insured Vehicle No. : _____

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$S _____ D.O.A : 9/4/18

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

SHB 4606X



INSRS: CODE
WSP: us
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
<u>SHB4606X - 4</u>	Non-Reporting ltr (1st):	
<u>SHB4606X - 4</u>	Non-Reporting ltr (2nd):	
<u>SHB4606X - 4</u>	Non-Reporting ltr (Final):	
<u>SHB4606X - 4</u>	Notification ltr (if non-pickup):	
<u>SHB4606X - 4</u>	Call OI:	
<u>SHB4606X - 4</u>	After call ltr to OI:	
<u>SHB4606X - 4</u>	Documentation Check List: Handler Typist	
<u>SHB4606X - 4</u>	Notification ltr (if non-pickup)	<input type="checkbox"/>
<u>SHB4606X - 4</u>	After call ltr to OI:	<input type="checkbox"/>
<u>SHB4606X - 4</u>	Authorisation To Act:	<input type="checkbox"/>
<u>SHB4606X - 4</u>	Release Voucher:	<input type="checkbox"/>
<u>SHB4606X - 4</u>	Final Repair Bill:	<input type="checkbox"/>
<u>SHB4606X - 4</u>	Car Rental Invoice:	<input type="checkbox"/>
<u>SHB4606X - 4</u>	Towing Invoice	<input type="checkbox"/>
<u>SHB4606X - 4</u>	LTA / GIA :	<input type="checkbox"/>
<u>SHB4606X - 4</u>	Medical Bill:	<input type="checkbox"/>
<u>SHB4606X - 4</u>	PIR:	<input type="checkbox"/>
<u>SHB4606X - 4</u>	Mandate/Reject Instruction:	<input type="checkbox"/>
<u>SHB4606X - 4</u>	LOD	<input type="checkbox"/>
<u>SHB4606X - 4</u>	Payment Breakdown Form:	<input type="checkbox"/>
<u>SHB4606X - 4</u>	Post-Repair Photos:	<input type="checkbox"/>
<u>SHB4606X - 4</u>	Others:	<input type="checkbox"/>
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____	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) BOILA 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: _____		

08/11/23

Name: Mr. Kalvin

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / INS / TP RES / OD RES / EVA / INV / MV

To Insp ed Vehicle No: _____

at Work stop 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: SHB 4606X Yr Regn: 26 Nov, 2015

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

Truck / Trailer or

Make: Hyundai I40 c.c. 1685

Colour: Yellow A/C: Insured / Std / NI / NA

Sp. Reading: 347263 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHLB414M64080687

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 A/Rim or

Tyre Size: F: 205 / 60 R16

R: _____

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

TOYO / YOKO or Weld

Front 7 mm Rear 7 mm

R/Bal. 7 mm L/Bal. 7 mm

L/Bal. 7 mm D.O.A. 9/4/8 D.O.I. 1/4/8

Survey held at CD4E (Loyang)

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

Rev.

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

Date / Time	Action / Instruction
	<u>CTI</u>
	<u>PIP</u>

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

1) : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

Survey Fee: _____

Transportation: _____

S + RS. SI _____

Photos _____

A member of COMFORTDELGRO

Date/Time: 10.04.2018 15:10 Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD Sales Order:

JC NO305140506

CUSTOMER NAME CITYCAB PTE LTD CUSTOMER NO 7010070 ADDRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 TEL (R) 65551188 (O) (P) ACCOUNT CARD NO.	REGN NO: SHB4606X	MILEAGE
	MAKE: HYUNDAI	FUEL E.....1/2.....F
	MODEL I-40	DATE/TIME IN 09.04.2018 17:20
	YR OF MANU. 26.11.2015	TARGET DATE
	CHASSIS CODE KMLB41UMGU080687	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 09.04.2018
 NATURE: 3P 09.04.2018

QTY	LABOR CODE	DESCRIPTION
	CHINA	taxi Rear damage
	LKK	

CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR		CUSTOMER'S SIGNATURE	
Acknowledgement Slip Name: _____ Vehicle No.: SHB4606X Name: LARRY		Exit Pass Vehicle No.: SHB4606X	
Signature/Date <i>Larry Ng</i>		Name of Service Advisor Date	
Returned to Service Reception upon collection		To be kept by Security Guard	



JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition							
1. Date: <u>9/04/18</u> Time Received: <u>1720</u> 2. <input type="checkbox"/> New <input type="checkbox"/> SPARK Kakis Name of Customer : <u>JW Stanley</u> Contact No. : <u>96862213</u> Vehicle No. : <u>S11A4606X</u> Make / Model / Colour : <u>140/CITICAB</u> Email : _____	3. Vehicle Type: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Taxi (CTPL/CCPL) <input type="checkbox"/> Fleet <input type="checkbox"/> STK (Boon Lay)	4. Type of Towing: <input checked="" type="checkbox"/> Normal Tow <input type="checkbox"/> King Dolly <input type="checkbox"/> Flat Bed <input type="checkbox"/> Crane-up					
7. Location: _____	5. Nature of Service: <input type="checkbox"/> Jumpstart <input type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery						
9. Preferred Workshop: <input type="checkbox"/> Braddell <input checked="" type="checkbox"/> Loyang <input type="checkbox"/> Pandan <input type="checkbox"/> Sin Ming <input type="checkbox"/> Sungei Kadut <input type="checkbox"/> Ubi <input type="checkbox"/> Senoko <input type="checkbox"/> Komoco (UBI / Leng Kee) <input type="checkbox"/> Cycle & Carriage (PD) <input type="checkbox"/> Others: _____		8. Vehicle Tow - In Workshop: <input type="checkbox"/> Smoky Exhaust <input type="checkbox"/> Wheel Jammed <input type="checkbox"/> Overheating <input type="checkbox"/> Steering Faulty <input type="checkbox"/> Brake Faulty <input type="checkbox"/> Alternator Faulty <input type="checkbox"/> Starting Problem <input type="checkbox"/> Loss Power <input type="checkbox"/> Accident <input type="checkbox"/> Engine Stalled <input type="checkbox"/> Return Taxi					
10. Odometer Reading : <u>347263km</u> Fuel Level : <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>F</td><td>1/4</td><td>1/2</td><td>3/4</td><td>E</td></tr></table>	F	1/4	1/2	3/4	E	11. Radio / CD Player <input type="checkbox"/> OK <input type="checkbox"/> Faulty <input type="checkbox"/> Not tested	 # : Cracked X : Dented / : Scatched O : Missing _____ Signature of Customer
F	1/4	1/2	3/4	E			
Job Attended							
12. Tow Truck / Recovery Van : <input type="checkbox"/> VRS <input type="checkbox"/> QA <input type="checkbox"/> GAO <input type="checkbox"/> TZ <input checked="" type="checkbox"/> YISHUN TOWING <input type="checkbox"/> OTHERS Name of Driver : <u>Gao X J</u> Vehicle No. : <u>Y128480P</u> Time Dispatch : <u>1726</u> Time of Arrival : <u>1820</u> Time Completed : _____							
Cash Invoice Details (if applicable)							
13. Cash Invoice No. : _____							
Customer Acknowledgement							
a. I have been advised to remove all valuable items in my vehicle, including Global Positioning System (GPS), audio compact disk, thumbdrive, carpark coupons, cash cards, spectacles, pen, etc. b. I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses. c. Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.							
<u>09/04/2018</u> Date	<u>1820</u> Time	 Signature of Customer					
14. WORKSHOP							
_____ Name of Attending Staff/Guard	_____ Date & Time of Arrival	_____ Signature of Attending Staff/Guard					