

INS. CASE OWNER:

CC 3/AIG1800 7078, K2WB2

LKK:

IDAC:

Surveyor:

Kawin

DOI:

ASSIGNMENT

16/4/18

Date / Time:

16/4/18

Registered in Merimen:

17/4/18

Pre-assign / CCU / FTE



Insured Vehicle No. :

SLG 4784R

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

D.O.A :

11/4/18

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

SLG 9858R



INSRS:

WSP:

Tel :

Liability :

RMKS:

WTE
W

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC
SLG 9858R - 2	Non-Reporting ltr (1st):	
SLG 4784R - 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\$	
Disbursement:	S\$	
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:

(06/11/13)

Surveillance: Kavin

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / 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 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

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: _____

SHA 9858H

Yr Regn: _____

28 Feb 2012

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

227551

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: _____

KM 4188144 KM 098589

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: _____

205 / 60 R16

R: _____

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

TOYO / YOKO or

Triangle

Front

Rear

R/Bal.

2

mm

R/Bal.

2

mm

L/Bal.

2

mm

L/Bal.

2

mm

D.O.A.

11/4/18

D.O.I.

16/4/18

Survey held at

CD4E (Layang)

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

o/s 2, 3 Minor

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

Date / Time

Action / Instruction

17/4/12

Child PIP \$100 / 1 Day

AZA

PIP

Date/Time, File Pass to?

☐

: Prell. 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 (\$

S + RS \$

Photos

Date/Time: 16.04.2018 10:56

Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD Sales Order:

JC NO305142083

CUSTOMER

REGN NO.:

SHA9858H

MILEAGE

VMS CITYCAB PTE LTD

MAKE:

HYUNDAI

FUEL

CUSTOMER NO. 7010070

E.....1/2.....F

ADDRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717

MODEL

I-40

DATE/TIME IN
16.04.2018 10:30

L. (R) 65551188

(O)

YR OF MANU.

28.02.2017

TARGET DATE

(P)

ALG

CHASSIS CODE

KMHLB41UMHU098349

COMPLETION DATE/TIME:

SCOUNT CARD NO.

JOB DESCRIPTION

Accident Date: 11.04.2018

NATURE: 3P 14.04.2018

RH Door mirror

S/NO

LABOR CODE

DESCRIPTION

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

e:

No.:

Plate No.: SHA9858H

CHIANG

Vehicle No.:

SHA9858H

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

e returned to Service Reception upon collection

To be kept by Security Guard