

INS. CASE OWNER:

CC 3 / QBE1800 7283, K2 jobs

LKK:  
IDAC:

Surveyor:

Kalin's

DOI:

ASSIGNMENT

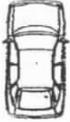
18/4/10

Date / Time:

18/4/10

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SKA 7179C

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :\$\$ D.O.A. : 18/4/10

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

SKA 4100T



INSRS:  
WSP: MTE  
Tel : M  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time	STAGE	DATE / PIC
SKA 4100T - 18/4/10 17002506 / 18/4/10	Non-Reporting ltr (1st):	
SKA 7179C x	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	
	After call ltr to OI:	
	<b>Documentation Check List:</b> Handler Typist	
	Notification ltr (if non-pickup)	<input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/>
	LOD	<input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
<b>PRELIMINARY ADVICE</b> Date/Time: Sent By:	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>
<b>FINALIZATION</b> Date/Time: Confirm with: Confirm by:		
Repair Cost: \$\$ ( days) Reduction: % Email <input type="checkbox"/> Call <input type="checkbox"/>		
<b>FINAL SETTLEMENT</b> Date/Time: Confirm with: Email <input type="checkbox"/> Call <input type="checkbox"/>		
Final Liability: % (Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :	
Repair Cost: \$\$		
Loss of Rental (LOR): \$\$ ( days)		
Loss of Use (LOU): \$\$ (\$ x days)		
Loss of Income (LOI): \$\$ (\$ 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: \$\$		
Medical: \$\$	1) Claim status: Normal/Reject/Private Settle	
Disbursement: \$\$ (e.g. Tow/ Independent )	2) Report Format:	
Legal Cost: \$\$	3) Survey fee:	
<b>Total:</b> \$\$ <b>Global Sum \$\$:</b>		
<b>FINAL PAYMENT</b> Date/Time: Confirm with: Email <input type="checkbox"/> Call <input type="checkbox"/>		
Payee 1: \$\$ Name 1:		
Payee 2: (Strike if N.A.) \$\$ Name 2:		
Payee 3: (Strike if N.A.) \$\$ Name 3:		

(06/11/13)

Surve Mr: Calvin

REF:

### ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To Insp ed 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 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: SHA 4100T Yr Regn: 5 Mar, 2015

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

Truck / Trailer or

Make: Hyundai Z40 C.C. 1685

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

Sp. Reading: 670078 T/Radio:  Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: KMHLB414AF40 64733

Gen. Cond:  Good / Fair / Poor / Burnt

Steering:  Inorder / Jammed / Leaked / Burnt or

Brake:  Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD  Rim or

Tyre Size: F: 205/60R16

R: \_\_\_\_\_

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

TOYO / YOKO or Wellsako

Front 7 mm Rear 7 mm

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

L/Bal. 7 mm D.O.A. 18/4/8 D.O.I. 18/4/8

Survey held at CD4E (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.

QRE  
45.

Date / Time	Action / Instruction

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

Days Of Repair: \_\_\_\_\_  
Resurvey No. of Trip: \_\_\_\_\_

Date/Time, File Return to?  
2) \_\_\_\_\_

Add Fee:  : Site Insp (\$ \_\_\_\_\_)  
 : Interview (\$ \_\_\_\_\_)

Survey Fee: _____
Transportation: _____
_____ S + RS, _____ SI
Photos _____

member of COMFORT DELGRO

Date/Time: 18.04.2018 11:56 Page : 1

Job: ARC Repair TP(CLSO)1

**JOB CARD** Sales Order: 3818643

JC NO305143348

OMER	REGN NO: <b>SHA4100T</b>	MILEAGE
IS COMFORT TRANSPORTATION PTE LTD OMER NO. 7010045	MAKE: <b>HYUNDAI</b>	FUEL E.....1/2.....F
ADDRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 (R) 65508755 (O) (P)	MODEL <b>I-40</b>	DATE/TIME IN <b>18.04.2018 08:30</b>
IDENTIFICATION CARD NO.	YR OF MANU. <b>05.03.2015</b>	TARGET DATE
	CHASSIS CODE <b>KMLB41UMFU064733</b>	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 18.04.2018  
NATURE: 3P 18.04.18 - QBE

NO	LABOR CODE	DESCRIPTION
----	------------	-------------

BOOKED & PASSED OUT BY: \_\_\_\_\_

_____ SERVICE ADVISOR	_____ CUSTOMER'S SIGNATURE
--------------------------	-------------------------------

Acknowledgement Slip  No.: <b>SHA4100T</b> <b>FZ</b>  _____ Signature/Date  Returned to Service Reception upon collection	Exit Pass  Vehicle No.: <b>SHA4100T</b>  _____ Name of Service Advisor      _____ Date  To be kept by Security Guard
--	--