

INS. CASE OWNER:

CC 3 / CTI 1800 8564 / 19 Jan

LKK:

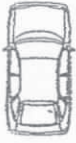
IDAC:

Surveyor:

DOI:

Date / Time:

Pre-assign / CCU / FTE



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. : HP: 8/5/18

Make / Model :

Excess Sec II :SS D.O.A : 8/5/18

Place of Accident :

Is driver the owner? (YES / NO) Nature of Accident :

If NO, Driver Name / Age :

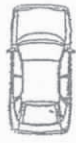
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SHE 1061 G

INSRS:
WSP: COLT 10445
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC	
SHE 1061 G - 03/11/17 1201K95/1K16N2; DOA 16/1/17 GAP 743J - 06/11/17 2029/1K16N2; DOA 28/1/17	Non-Reporting ltr (1st):		
	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:
Repair Cost:	S\$	(days)	Reduction: %
		Email ☐	Call ☐
FINAL SETTLEMENT		Date/Time:	Confirm with
Final Liability:	%	(Agreed / Assessed)	BOLA S/N No. :
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:
Payee 1:	S\$	Name 1:	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	

05/11/13

Survee Mr: Kalvin

REF:

ASSIGNMENT

From: _____ Date: _____

Estimate ☒ Cost

OD / TP / NS / TP RES / OD RES / EVA / INV / MV

To Insp ☒ Vehicle No: _____at Work ☒ Shop nts

of _____

Insured: _____

Policy N ☒Claims ☒ NoSum Ins ☒ Used: _____ 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 Surri: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SHC10616Yr Regn: 25 Jan 2017

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

Truck / Trailer or

Make: HyundaiC.C. 1685Colour: BlueA/C: ☒ Insured / Std / NI / NASp. Reading: 252882T/Radio: ☒ Insured / Std / NI / NA

Eng/No: _____

C/No: KMHLB414MH4098552Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ Inorder / Jammed / Leaked / Burnt orBrake: ☒ Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/60R16

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or Hankook

Front

Rear

R/Bal. 7 mmR/Bal. 7 mmL/Bal. 7 mmL/Bal. 7 mmD.O.A. 8/5/18D.O.I. 9/5/18Survey 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

10/5/18 Control PIP \$140.48 / 2 hrsCTI
PIP

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐

: Site Insp (\$ _____)

☐

: Interview (\$ _____)

☐

: Tech (\$ _____)

Survey Fee: _____

Transportation: _____

S + RS, SI

Photos

Others

Ref of COMFORTDELGRO

Date/Time: 09.05.2018 14:32 Page : 1

ARC Repair TP(CLSO)1

JOB CARD Sales Order: 3823239

JC NO.: 305158385

COMFORT TRANSPORTATION PTE LTD
7010045
983 SIN MING DRIVE
Singapore SINGAPORE 575717
55508755

(O)

REGN NO: SHC1061G	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL: I-40	DATE/TIME IN: 08.05.2018 18:45
YR OF MANU: 2017	TARGET DATE
CHASSIS CODE: RMLB41UMHU098552	COMPLETION DATE/TIME:

ARD NO.

ent Date: 08.05.2018
E: 3P 08.05.18

JOB DESCRIPTION

LABOR CODE	DESCRIPTION
23-01	TOWING FEE

PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

nt Slip

Exit Pass

SHC1061G

JU CHINA

Vehicle No.:

SHC1061G

Advisor

Signature/Date

Name of Service Advisor

Date

Service Reception upon collection

To be kept by Security Guard