

INS. CASE OWNER:

CC 3, AG 1800 8862, K1ja3

LKK:

IDAC:

Surveyor:

Awk

DOI:

ASSIGNMENT

14/5/18

Date / Time:

14/5/18

Registered in Merimen:

19/5/18

Pre-assign / CCU / FTE

Gu 2920m



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

D.O.A : 10/5/18

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

SHA 3110 X



INSRS:

WSP:

Tel :

Liability :

RMKS:

COWE 14/5/18



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE		DATE / PIC
SHA 3110 X - X; Gu 2920m - X	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: 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)	1) Claim status: Normal/Reject/Private Settle
Legal Cost	S\$		2) Report Format:
Total:	S\$	Global Sum S\$:	3) Survey fee:
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:	

08/11/13

Surveyor: Mr. Kalvin

REF:

ASSIGNMENT

From: _____ Date: _____

Estimate ☒ Cost

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

To Insp ☒ Vehicle No: _____at Work ☒ Shop mts

of _____

Insured: _____

Policy No. _____

Claims ☒ No. _____Sum Ins ☒ Ed:

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 3110 XYr Regn: 9 Apr 2014

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: 550381T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHCBK144E4052475

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt orBrake: In order / 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 Michelin

Front

Rear

R/Bal. 7 mmR/Bal. 7 mmL/Bal. 7 mmL/Bal. 7 mmD.O.A. 10/5/18D.O.I. 14/5/18Survey held at CDGE (Loyang)

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

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: _____

Add Fee: ☐

: Site Insp (\$ _____)



: Interview (\$ _____)



: Tech. Insp (\$ _____)

Survey Fee: _____

Transportation: _____

S + RS, SI

Photos

Others

Team: ARC Repair TP(CLS0)1

JOB CARD Sales Order: 3824048

JC NO: 305159740

STOMER

COMFORT TRANSPORTATION PTE LTD
7010045
383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755

STOMER NO. (R) (O)
DRESS (P)

SCOUNT CARD NO.

REGN NO.

SHA3110X

MILEAGE

MAKE

HYUNDAI

FUEL

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

MODEL

I-40

DATE/TIME IN 12.05.2018 10:40

YR OF MANU

09.04.2014

TARGET DATE

CHASSIS CODE

KMHLB41UMEU052475

COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 10.05.2018
NATURE: 3P 10.05.18/B-

S/NO LABOR CODE DESCRIPTION

REAR AIG

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

e:

lo.:

le No.:

SHA3110X

FZ AIG LKK

Vehicle No.:

SHA3110X

e of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard