

INS. CASE OWNER:

CC 3 / AIG1800 8996 / Klear3

LKK:

IDAC:

Surveyor:

Ank

DOI:

ASSIGNMENT

16/5/18

Date / Time :

16/5/18

Registered in Merimen:

17/5/18

Pre-assign / CCU / FTE



Insured Vehicle No. : SJT 2301 U

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. : HP: 15/5/2018

Make / Model :

Excess Sec II :SS

D.O.A : 15/5/2018

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 4535 Y

INSRS: 0066 0444
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

SHA 4535 Y - 15/5/2018 17/5/2018
SJT 2301 U - X

STAGE DATE / PIC

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 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:

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:

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

106/11143

Surveyor: Kevin

REF:

ASSIGNMENT

From: _____ Date: _____

Estimate ☒ Cost

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

To Insp ☒ Vehicle No: _____at Work ☒ Shop nts

of _____

Insured: _____

Policy No. _____

Claims ☒ No.Sum Ins ☒ Ltd: _____

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 4535YYr Regn: 26 Mar 2015

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: 457122T/Radio: ☒ Insured / Std / NI / NA

Eng/No: _____

C/No: KMHLD44MP4065930Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ In order / Jammed / Leaked / Burnt orBrake: ☒ In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD ☒ Rim orTyre Size: F: 205/60R16

R: _____

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

TOYO / YOKO or Phan Kim

Front

Rear

R/Bal. 2 mmR/Bal. 2 mmL/Bal. 2 mmL/Bal. 2 mmD.O.A. 15/5/12D.O.I. 16/5/12Survey held at CDE (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(CLSO)1

JOB CARD Sales Order:

JC NO305161060

STOMER
/MS COMFORT TRANSPORTATION PTE LTD
STOMER NO 7010045
DRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755
(R) (O)
(P)

REGN NO:
SHA4535Y

MILEAGE

MAKE:
HYUNDAI

FUEL

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

MODEL
I-40

DATE/TIME IN
15.05.2018 16:05

YR OF MANU.
26.03.2015

TARGET DATE

CHASSIS CODE
KMHLB41UMFU065930

COMPLETION DATE/TIME:

COUNT CARD NO.

JOB DESCRIPTION

Accident Date: 15.05.2018
NATURE: 3P 15.05.2018

S/NO LABOR CODE DESCRIPTION

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHA4535Y CHIANG

Vehicle No.: SHA4535Y

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard