

INS. CASE OWNER:

CC3 / AIG1800 9085, klwaz

LKK:

IDAC:

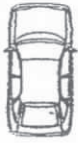
Surveyor:

DOI:

Date / Time :

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SKV 7273L

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$\$ D.O.A : 16/5/18

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

SHC8800U

INSRS:
WSP:
Tel :
Liability :
RMKS:

ONE COPY

INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

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:

PRELIMINARY ADVICE Date/Time:

Sent By:

Post-Repair Photos:

Others:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: \$\$ (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: \$\$

Loss of Rental (LOR): \$\$ (days)

Loss of Use (LOU): \$\$ (\$ x days)

Loss of Income (LOI): \$\$ (\$ x days)

LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]

GIA/LTA Search

\$\$

Medical: \$\$

Disbursement: \$\$ (e.g. Tow/ Independent)

Legal Cost: \$\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

Total: \$\$ Global Sum \$\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1: \$\$

Name 1:

Payee 2: (Strike if N.A.) \$\$

Name 2:

Payee 3: (Strike if N.A.) \$\$

Name 3:

06/11/13

Surveyor: Mr: Kelvin

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 ☒ 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 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: SHC 88004

Yr Regn: 4 Mar 2016

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

Truck / Trailer or

Make: Humb 24

C.C. 168

Colour: Blue

A/C: 0

Insured / Std / NI / NA

Sp. Reading: 457165

T/Radio: 0

Insured / Std / NI / NA

Eng/No: _____

C/No: KMHCB44144085447

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 / A/Rim or

Tyre Size: F: 205/60R16

R: _____

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

TOYO / YOKO or Har Har

Front

Rear

R/Bal. 2

mm

R/Bal. 2

mm

L/Bal. 2

mm

L/Bal. 2

mm

D.O.A. 16/5/18

D.O.I. 17/5/18

Survey 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
21/5/18	std PIP \$1600.48 / 24h

Date/Time, File Pass to?

☐

: Prel. 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 (\$ _____)

☐

: Tech. Insp (\$ _____)

S + RS, SI

Photos

Others

A member of COMFORTDELGRO

Date/Time: 16.05.2018 16:43

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO305161113

STOMER

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

(R) (O)
(P)

COUNT CARD NO.

REGN NO :
SHC8800U

MILEAGE

MAKE :
HYUNDAI

FUEL

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

MODEL
I-40

DATE/TIME IN
16.05.2018 11:30

YR OF MANU.
04.03.2016

TARGET DATE

CHASSIS CODE
KMHLB41UMGU085447

COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 16.05.2018

NATURE: 3P 16.05.2018

3/NO LABOR CODE DESCRIPTION

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHC8800U LKE

Vehicle No.: SHC8800U

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard