

INS. CASE OWNER:

CC 3 / CTI 1800 9317 / K1h05

LKK:
IDAC:

Surveyor:

AWK

DOI:

ASSIGNMENT

21/5/18

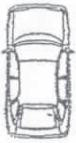
Date / Time:

21/5/18

Registered in Merimen:

Pre-assign / CCU / FTE

SGY 8883B



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

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

Make / Model :

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

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

SHC 3362A



INSRS:

WSP:

Tel:

Liability:

RMKS:

C146
10743

INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

SHC 3362A - 123 / 11616000129 / 11113017; 05A-3012/18
SGY 8883B - 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 ☐ LOU only ☐LOR + LOU ☐LOR + LOI ☐

[Tick only one]

GIA/LTA Search

S\$

Medical:

S\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Legal Cost

S\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

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:

(08/11/13)

Q. Name: Kavin

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspected Vehicle No: _____

at Workshop 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 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 3362 A Yr Regn: 29 Jan 2011

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

Truck / Trailer or

Make: Hyundai Santa Fe C.C. 1990ccColour: Blue A/C: Insured / Std / NI / NASp. Reading: 245904 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KM HETX1VMB A805616

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 / Rim or

Tyre Size: F: 215/60R16R: ?

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

TOYO / YOKO or Washu

Front: _____ Rear: _____

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 18/5/12 D.O.I. 21/5/12Survey held at CPGE (Loyang)

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

N/S B.L.

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
25/5/12	<u>Call 2/5/12/50/30p.</u>

Date/Time, File Pass to?

☐ : Prell. Report

Days Of Repair: _____

1) _____

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2) _____

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

S + RS \$ _____

Photos

Others

TOTAL

Report Format: _____

Lump Sum / I.B.I. (\$) _____

A member of COMFORTDELGRO

Date/Time: 21.05.2018 08:35 Page : 1

Team: IN ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO305162142

STOMER

REGN NO:

SHC3362A

MILEAGE

VMS COMFORT TRANSPORTATION PTE LTD

ISTOMER NO 7010045

DRESS 383 SIN MING DRIVE

Singapore SINGAPORE 575717

L (R) 65508755

(O)

(P)

MAKE:

HYUNDAI

FUEL

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

MODEL

SONATA

DATE/TIME IN 19.05.2018 10:00

YR OF MANU.

29.01.2011

TARGET DATE

CHASSIS CODE

KMHET41VMBA805616

COMPLETION DATE/TIME:

SCOUNT CARD NO.

JOB DESCRIPTION

Accident Date: 18.05.2018

NATURE: 3P 18.05.18

S/NO

LABOR CODE

DESCRIPTION

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

owledge Slip

Exit Pass

3:

o.:

le No.: SHC3362A

CHIANG

Vehicle No.:

SHC3362A

e of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard