

INS. CASE OWNER:

CC 3 /AIG1800

9875, E2WNB

LKK:

IDAC:

Surveyor:

KALVIN

DOI:

ASSIGNMENT

2015/18

Date / Time :

2015/18

Registered in Merimen:

2015/18

Pre-assign / CCU / FTE



Insured Vehicle No. :

SJT 5303H

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

D.O.A :

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

SHB 258E



INSRS:

WSP:

Tel :

Liability :

RMKS:

WSP
W

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC
SHB 258E - 8	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: %
Confirm by:		Email ☐ Call ☐
FINAL SETTLEMENT Date/Time:	Confirm with:	
Final Liability: %	(Agreed / Assessed) BOLA S/N No. :	
Repair Cost: S\$	If NO or B 28, Ass. Lia :	
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\$	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S\$	2) Report Format:
Legal Cost	S\$	3) Survey fee:
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:

(08/11/13)

Q myself: Kelvin

REF:

ASSIGNMENT

From: _____ Date: _____

Estimate/Cost: _____

OD / TP / INS / TP RES / OD RES / EVA / INV / MV

To Inspected Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sur 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 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: SHB 2258E Yr Regn: 5 Jan 2017

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

Truck / Trailer or

Make: Hyundai 240 C.C. 168Colour: Yellow A/C: Insured / Std / NI / NASp. Reading: 225914 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHLB414AH4097839

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 Hankook

Front _____ Rear _____

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 29/5/18 D.O.I. 30/5/18Survey held at CPGE (Loring)

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

o/s Bty.

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

Date / Time	Action / Instruction
31/5/18	Continue 1/1 \$ 1787.44 / 3 bps. <u>Adh</u>

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

S + RS. \$

Photos

Others

TOTAL

Report Format: _____

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

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

Date/Time: 30.05.2018 14:19

Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD Sales Order:

JC NO 305166335

CUSTOMER

COMPANY CITYCAB PTE LTD
CUSTOMER NO 7010070
ADDRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
TEL (R) 65551188 (O)
(P)

SCOUT CARD NO.

REGN NO.

SHB2258E

MILEAGE

MAKE

HYUNDAI

FUEL

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

MODEL

1-40

DATE/TIME IN

30.05.2018 09:50

YR OF MANU.

05.01.2017

TARGET DATE

CHASSIS CODE

KMHLB41UMHU097839

COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 29.05.2018
NATURE: 3P 29.05.2018

S/NO

LABOR CODE

DESCRIPTION

ALG - taxi Right Rear area
LRC / Kdm -

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Knowledge Slip

to:

Vehicle No.:

Vehicle No.:

SHB2258E

LARRY

Exit Pass

Vehicle No.:

SHB2258E

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

to be returned to Service Reception upon collection

To be kept by Security Guard