

15/5/2010

INS. CASE OWNER:

Kanchuan

CC AXA1801

0583, F1eb3

LKK:
IDAC:

Surveyor:

Kalin

DOI:

ASSIGNMENT

Date / Time :

u/6/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

SLR 8100E

Claim No. :

58M00K8M/50959

Name of Insured :

KANG JIA

Policy No. :

Insured Tel No. :

HP:

2/6/18

Make / Model :

Excess Sec II : \$\$

D.O.A :

Place of Accident :

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability :

%

Final ? Yes / No

SKA 72842



INSRS:

WSP:

Tel :

Liability :

RMKS:

COBE

W



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC
SKA 72842 - ns/mw 700rbw/mgph 252 00m 6/2/18	Non-Reporting ltr (1st):	
SLR 8100E - x	Non-Reporting ltr (2nd):	
g smartc/atm	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OE:	
	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:	Confirm by:
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 + LO ☐	[Tick only one]	
GIA/LTA Search	\$\$	
Medical:	\$\$	
Disbursement:	\$\$	
Legal Cost	\$\$	
Total: \$\$	Global Sum \$S:	
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:

Surrogate Kalin

REF:

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

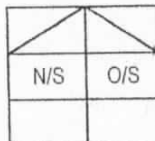
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



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 72852 Yr Regn: 214, 214
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Hyundai Ix C.C. 1685

Colour

Blue A/C: Insured / Std / NI / NA

Sp. Reading

64240 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

KMHLBXYUMF4056037

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / 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 Kontrol

Front

Rear

R/Bal.

7 mm

R/Bal.

7 mm

L/Bal.

7 mm

L/Bal.

7 mm

D.O.A.

3/6/8

D.O.I.

11/6/8

Survey held at

CDHE (Layang)

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

ops Res

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

Date / Time

Action / Instruction

12/6/8 Confirmed 45 \$600 / 2 Rpt.

AXA
4/5

Date/Time, File Pass to?



: Preli. 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. Invs (\$

) S + RS SI

) Photos

) Others

Report Format :

ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO305173482

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

ARD NO.

REGN NO. SHA7285Z	MILEAGE
MAKE HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 11.06.2018 08:00
YR OF MANU 02.07.2014	TARGET DATE
CHASSIS CODE KMHLB41UMEU056037	COMPLETION DATE/TIME:

JOB DESCRIPTION

ent Date: 03.06.2018
E: 3P 03.06.18

LABOR CODE

DESCRIPTION

PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ent Slip

Exit Pass

SHA7285Z

JU AXA

Vehicle No.:

SHA7285Z

e Advisor

Signature/Date

Name of Service Advisor

Date

to Service Reception upon collection

To be kept by Security Guard