

INS. CASE OWNER:

CC3, CTI 180 11098, 14ha3

LKK:

IDAC:

Surveyor:

Amc

DOI:

ASSIGNMENT

18-6-18

Date / Time :

18-6-18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SJG 2272K

Name of Insured :

Insured Tel No. :

HP:

Excess Sec II : S\$

D.O.A :

14-6-18

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

SJG 1660C



INSRS:

WSP:

Tel :

Liability :

RMKS:

Chue
10444

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:

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:

REF:

Kalvin

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: _____

Veh No: SHC1660C Yr Regn: 10 Ag / 217
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Toyota Prius C.C. 1700
 Colour: Blue A/C: Insured / Std / NI / NA
 Sp.Reading: 132377 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: JTDKBJF48035 63259
 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: 195/65R165
 R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Wellike
 Front 7 mm Rear 7 mm
 R/Bal. 7 mm L/Bal. 2 mm
 L/Bal. 7 mm D.O.A. 14/6/08 D.O.I. 18/6/08
 Survey held at CDHE (Loyang)
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Rear o/s

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

(Policy Condition)
 Remark: The veh had commenced its
 repair at the time of inspection.

N/S	O/S

Bal. or Market Value: _____
 IDAC Accident Rport: _____ 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

Date / Time Action / Instruction

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

Report Format :

☐ : Preli. Report
☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

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

Survey Fee:

Transportation

) \$ + RS. SI

) Photos

) Others

CT2
 PIP

number of COMFORTDELGRO

Date/Time: 14.06.2018 15:47

Page : 1

um: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO 305175527

MEMER
COMFORT TRANSPORTATION PTE LTD
7010045
MEMER NO
383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755 (O)
(P)

REGN NO:
SHC1660C

MILEAGE

MAKE:
TOYOTA

FUEL

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

MODEL
PRIUS HYBRID(G4)14.06.2018 13:35

DATE/TIME IN

YR OF MANU.
10.08.2017

TARGET DATE

CHASSIS CODE
JTDKB3FU803563259

COMPLETION DATE/TIME:

UNT CARD NO.

JOB DESCRIPTION

cident Date: 14.06.2018

TURE: 3P 14.06.2018

NO

LABOR CODE

DESCRIPTION

WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

pledgement Slip

Exit Pass

No.: SHC1660C

LKE

Vehicle No.: SHC1660C

Signature/Date

Signature/Date

Name of Service Advisor

Date

turned to Service Reception upon collection

To be kept by Security Guard