

15/5/2010

INS - CASE OWNER:

CC 3, ^{UP} / ^{UP} 1801 ^{N48} ^{N48} ^{N48}

LKK:

IDAC:

Surveyor:

NAT

DOI:

ASSIGNMENT

Date / Time :

17/18

Registered in Merimen:

4/9/18

Pre-assign / CCU / FTE



Insured Vehicle No. :

SLE 9112H

Claim No. :

Name of Insured :

UP

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

D.O.A :

20/6/18

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

GND 8453 C



INSRS:

WSP:

Tel :

Liability :

RMKS:

Mae
W

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:
Repair Cost:	S\$	(days) Reduction: %
		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with:
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :
Repair Cost:	S\$	
Loss of Rental (LOR):	S\$	(days)
Loss of Use (LOU):	S\$	(S x days)
Loss of Income (LOI):	S\$	(S x days)
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LO ☐		[Tick only one]
GIA/LTA Search	S\$	
Medical:	S\$	
Disbursement:	S\$	(e.g. Tow/ Independent)
Legal Cost	S\$	
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:

NAR REP: ALG

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD / TP/WS / TP RES / OD RES / EVA / INV / MV
To: _____
at: _____
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
Lump Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No. SHD 8553C Regn. 15/09/2016
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or
Make. HYUNDAI 140 1685
Colour YELLOW 13 Insured / Std / NI / NA
Sp. Reading 99 277 14 Insured / Std / NI / NA
Eng No: _____
Cr No: KMHLB 414M4U073707
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: 205/60 R16
R: 11
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or HAN KOOK
Front Rear
R/Bal. 5 mm R/Bal. 5 mm
L/Bal. 5 mm L/Bal. 5 mm
D.O.A. 29/6/18 D.O.I. 217/18
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

ALG PIC

Date/Time File Pass to: ☐ : Preli. Report
☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee

Add Fee: ☐ : Site Insp : \$
☐ : Inter. Insp : \$
☐ : Tech. Insp : \$
☐ : Weighing : \$

Transcription

Report Format :

Lump Sum / I.B.B. : \$



ARC Repair TP(CFSO)1

JOB CARD

Sales Order:

JC NO.: 305181692

CITYCAB PTE LTD
7010070
383 SIN MING DRIVE
Singapore SINGAPORE 575717
65551188
(O)

REGN NO.: SHD8553C	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 30.06.2018 09:10
YR OF MANU. 15.09.2016	TARGET DATE
CHASSIS CODE KMHLB41UMGU093707	COMPLETION DATE/TIME:

ARD NO.

JOB DESCRIPTION

dent Date: 29.06.2018
IRE: 3P 29.06.18

LABOR CODE

DESCRIPTION

PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ent Slip

Exit Pass

SHD8553C

JU AIG LKK

Vehicle No.:

SHD8553C

e Advisor

Signature/Date

Name of Service Advisor

Date

to Service Reception upon collection

To be kept by Security Guard