

15/5/2010

INS. CASE OWNER:

CC<sup>3</sup> /AIG1801 1154, T2eb3LKK:  
IDAC:

Surveyor:

Taufik.

DOI:

ASSIGNMENT

24/6/18

Date / Time :

24/6/18

Registered in Merimen:

4/7/18

Pre-assign / CCU / FTE



Insured Vehicle No. :

SDV 823269.

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

SHC 725C



INSRS:

WSP:

Tel :

Liability :

RMKS:

CODE  
W

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE/ PIC
SHC 725C 45/6/18 0015/5/18 0015/1/18	Non-Reporting ltr (1st):	
SDV 823269 - 4	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:	
<b>PRELIMINARY ADVICE</b> Date/Time:	Sent By:	
<b>FINALIZATION</b> Date/Time:	Confirm with:	
Repair Cost: S\$	( days) Reduction: %	Email <input type="checkbox"/> Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b> Date/Time:	Confirm with	Email <input type="checkbox"/> Call <input type="checkbox"/>
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 <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/>	[Tick only one]	
GIA/LTA Search	S\$	
Medical:	S\$	
Disbursement:	S\$	(e.g. Tow/ Independent )
Legal Cost	S\$	
<b>Total:</b> S\$	<b>Global Sum S\$:</b>	
<b>FINAL PAYMENT</b> Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	S\$	Name 1:
Payee 2: (Strike if N.A.)	S\$	Name 2:
Payee 3: (Strike if N.A.)	S\$	Name 3:



ARC Repair TP(CFSO)1

**JOB CARD**

Sales Order: 3835523

JC NO.: 305181057

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

REGN NO.	SHC 735C	MILEAGE
MAKE :	HYUNDAI	FUEL E.....1/2.....F
MODEL	I-40	DATE/TIME IN 28.06.2018 12:00
YR OF MANU.	10.07.2014	TARGET DATE
CHASSIS CODE	KMHLB41UMEU057940	COMPLETION DATE/TIME:

ARD NO.

JOB DESCRIPTION

dent Date: 28.06.2018  
RE: 3P 28.06.18

LABOR CODE	DESCRIPTION
23-01	TOWING FEE - KING DOLLY

PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ent Slip

Exit Pass

SHC 735C

JU AIG LKK

Vehicle No.:

SHC 735C

Advisor

Signature/Date

Name of Service Advisor

Date

Service Reception upon collection

To be kept by Security Guard



## JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

<b>Job Requisition</b>			
1. Date: <u>28-6-18</u> Time Received:		3. Vehicle Type:	
2. <input type="checkbox"/> New <input type="checkbox"/> SPARK Kakia		<input type="checkbox"/> Private	
Name of Customer : <u>Wong</u>		<input checked="" type="checkbox"/> Taxi (CTPL/CCPL)	
Contact No. : <u>96703032</u>		<input type="checkbox"/> Fleet	
Vehicle No. :		<input type="checkbox"/> STK (Boon Lay)	
Make / Model / Colour : <u>SHC735C</u>		5. Nature of Service:	
Email :		<input type="checkbox"/> Jumpstart	
		<input type="checkbox"/> Recovery	
		<input type="checkbox"/> Change Tyre / Battery	
7. Location: <u>Sengoon Ave</u>		4. Type of Towing:	
		<input type="checkbox"/> Normal Tow	
		<input checked="" type="checkbox"/> King Dolly	
		<input type="checkbox"/> Flat Bed	
		<input type="checkbox"/> Crane-up	
9. Preferred Workshop:		6. Parts Replaced/Remarks:	
<input type="checkbox"/> Braddell <input checked="" type="checkbox"/> Loyang <input type="checkbox"/> Pandan			
<input type="checkbox"/> Sin Ming <input type="checkbox"/> Sungei Kadut <input type="checkbox"/> Ubi			
<input type="checkbox"/> Senoko <input type="checkbox"/> Komoco (UBI / Leng Kee) <input type="checkbox"/> Cycle & Carriage (PD)			
<input type="checkbox"/> Others: _____			
10. Odometer Reading : _____		8. Vehicle Tow - In Workshop:	
Fuel Level : <input type="checkbox"/> F <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> E		<input type="checkbox"/> Smoky Exhaust <input type="checkbox"/> Wheel Jammed	
		<input type="checkbox"/> Overheating <input type="checkbox"/> Steering Faulty	
		<input type="checkbox"/> Brake Faulty <input type="checkbox"/> Alternator Faulty	
		<input type="checkbox"/> Starting Problem <input type="checkbox"/> Loss Power	
		<input checked="" type="checkbox"/> Accident <input type="checkbox"/> Engine Stalled	
		<input type="checkbox"/> Return Taxi	
<b>Job Attended</b>		11. Radio / CD Player	
12. Tow Truck / Recovery Van : <input type="checkbox"/> VRS <input checked="" type="checkbox"/> CA <input type="checkbox"/> STD <input type="checkbox"/> TZ <input type="checkbox"/> IRS <input type="checkbox"/> OTHERS		<input type="checkbox"/> OK	
Name of Driver : _____		<input type="checkbox"/> Faulty	
Vehicle No. : _____		<input type="checkbox"/> Not tested	
Time Dispatch : _____			
Time of Arrival : _____			
Time Completed : _____			
		# : Cracked X : Dented / : Scratched O : Missing	
		Signature of Customer: <u>[Signature]</u>	
<b>Cash Invoice Details (if applicable)</b>			
13. Cash Invoice No. : _____			
<b>Customer Acknowledgement</b>			
a. I have been advised to remove all valuable items in my vehicle, including Global Positioning System (GPS), audio compact disk, thumbdrive, carpark coupons, cash cards, spectacles, pen, etc.			
b. I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses.			
c. Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.			
<u>28-6-18</u>		<u>[Signature]</u>	
Date	Time	Signature of Customer	
<b>14. WORKSHOP</b>			
Name of Attending Staff/Guard		Signature of Attending Staff/Guard	
Date & Time of Arrival			