

15/5/2010

INS. CASE OWNER:

CC 4/ICS1801 rhhny, N elob

LKK:  
IDAC:

Surveyor:

NAZ

DOI:

ASSIGNMENT

6/3/18

Date / Time :

6/3/18

Registered in Merimen:

6/3/18

Pre-assign / CCU / FTE



Insured Vehicle No. :

SKV 2017L

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II : \$\$

D.O.A.:

4/3/18

Place of Accident :

Is driver the owner? ( YES / NO )

( 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

SHV 4879P



INSRS:

WSP:

Tel :

Liability :

RMKS:

WAE  
W



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SHV 4879P - X

SKV 2017L - X

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:		
<b>Documentation Check List: Handler Typist</b>		
Notification ltr (if non-pickup)	<input type="checkbox"/>	<input type="checkbox"/>
After call ltr to OI:	<input type="checkbox"/>	<input type="checkbox"/>
Authorisation To Act:	<input type="checkbox"/>	<input type="checkbox"/>
Release Voucher:	<input type="checkbox"/>	<input type="checkbox"/>
Final Repair Bill:	<input type="checkbox"/>	<input type="checkbox"/>
Car Rental Invoice:	<input type="checkbox"/>	<input type="checkbox"/>
Towing Invoice:	<input type="checkbox"/>	<input type="checkbox"/>
LTA / GIA :	<input type="checkbox"/>	<input type="checkbox"/>
Medical Bill:	<input type="checkbox"/>	<input type="checkbox"/>
PIR:	<input type="checkbox"/>	<input type="checkbox"/>
Mandate/Reject Instruction:	<input type="checkbox"/>	<input type="checkbox"/>
LOD	<input type="checkbox"/>	<input type="checkbox"/>
Payment Breakdown Form:	<input type="checkbox"/>	<input type="checkbox"/>
Post-Repair Photos:	<input type="checkbox"/>	<input type="checkbox"/>
Others:	<input type="checkbox"/>	<input type="checkbox"/>

<b>PRELIMINARY ADVICE</b>	Date/Time:	Sent By:	Post-Repair Photos:	<input type="checkbox"/>	<input type="checkbox"/>
			Others:	<input type="checkbox"/>	<input type="checkbox"/>
<b>FINALIZATION</b>	Date/Time:	Confirm with:	Confirm by:	Email <input type="checkbox"/>	Call <input type="checkbox"/>
Repair Cost:	\$\$	( days) Reduction:	%		
<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:	\$\$				
Loss of Rental (LOR):	\$\$	( days)			
Loss of Use (LOU):	\$\$	( \$ x days)			
Loss of Income (LOI):	\$\$	( \$ 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	\$\$				
Medical:	\$\$				1) Claim status: Normal/Reject/Private Settle
Disbursement:	\$\$	(e.g. Tow/ Independent )			2) Report Format:
Legal Cost	\$\$				3) Survey fee:
<b>Total:</b>	<b>\$\$</b>	<b>Global Sum \$\$:</b>			
<b>FINAL PAYMENT</b>	Date/Time:	Confirm with:	Email <input type="checkbox"/>	Call <input type="checkbox"/>	
Payee 1:	\$\$	Name 1:			
Payee 2: (Strike if N.A.)	\$\$	Name 2:			
Payee 3: (Strike if N.A.)	\$\$	Name 3:			

NA2

REP:

ECICS

ASSIGNMENT

SHD 4879P

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV  
 To inspect Vehicle No: \_\_\_\_\_  
 at Workshop No: \_\_\_\_\_  
 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.

X	
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  
 Lump Sum: \_\_\_\_\_ % 3 Val.: Yes or No  
 CA / REV / REP. / 24 HRS  
 Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_  
 Vehicle: IN / OUT

Veh No: ~~SH 4879P~~ Page: 12 MAR 2014  
 Type: M.Car / M.Cycle / Bus / Van / Lorry (Taxi) / Prime Mover /  
 Truck / Trailer or \_\_\_\_\_  
 Make: HYUNDAI 140 DO 1685  
 Colour: BLUE DO Insured / Std / NI / NA  
 Sp. Reading: 706359 DO Insured / Std / NI / NA  
 Eng No: \_\_\_\_\_  
 Cr No: KMHLB414ME4048689  
 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: 215 / 60 R16  
 R: 11  
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or WESTLAKE  
 Front Rear  
 R/Bal. 6 mm R.Bal. 6 mm  
 L/Bal. 6 mm L.Bal. 6 mm  
 D.O.A. 4/7/18 D.O.I. 6/7/18  
 Survey held at CDGE LOYANG  
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  
 N/S FRONT  
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

ECICS 4/5

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

Days Of Repair: 3  
 Resurvey No. of Trip: \_\_\_\_\_

Survey Fee
Transporter
_____
_____
_____
_____
_____
_____

Add Fee:  Site Insp: \$  
 Interpret: \$  
 Tech Ins: \$  
 Messengers: \$

Report Format: \_\_\_\_\_  
 Lump Sum / I.B.: \$ \_\_\_\_\_

Team: ARC Repair TP(CLSO)1

**JOB CARD**

Sales Order:

JC NO.: 305184101

CUSTOMER MS COMFORT TRANSPORTATION PTE LTD CUSTOMER NO. 7010045 ADDRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 (R) 65508755 (O) (P) COUNT CARD NO.	REGN NO: SHD4879P	MILEAGE
	MAKE: HYUNDAI	FUEL E.....1/2.....F
	MODEL I-40	DATE/TIME IN 05.07.2018 11:40
	YR OF MANU. 12.03.2014	TARGET DATE
	CHASSIS CODE KMHLB41UMEU048689	COMPLETION DATE/TIME:

*ECICS*

JOB DESCRIPTION

Accident Date: 04.07.2018  
NATURE: 3P 04.07.2018

S/NO	LABOR CODE	DESCRIPTION
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CHECKED & PASSED OUT BY: \_\_\_\_\_

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHD4879P LKE

Vehicle No.: SHD4879P

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard