

INS. CASE OWNER:

LKK:

IDAC:

Surveyor:

DOI:

Date / Time :

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

Name of Insured :

Insured Tel No. :

HP:

Excess Sec II :SS

D.O.A :

Is driver the owner?

(YES / NO)

Nature of Accident :

Claim No. :

Policy No. :

Make / Model :

Place 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



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SHK 4398B - 6/1/2011 4:21:55 PM 3 XX; 6/1/2011 12:19:14
 - 6/1/2011 4:10:34 PM 3 01; 6/1/2011 3:18:14
 PA 8875U - X

6/1/2011 DNR. Sent out 1st letter

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:

NA2

REP

AXA

ASSIGNMENT

From

Date

Estimated Cost

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

To respect 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
X

N/S	O/S

Bal. or Market Value:

IDAC Accident Report: Consistent? : Yes or No

GIA / FR 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

Date / Time Action / Instruction

Veh No.

SHA 4398B

Page 29 SEP 2016

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make.

HYUNDAI 40

20 1685

Colour

BLUE

20 Insured / Std / NI / NA

Sp. Reading

279,906

20 Paid / Insured / Std / NI / NA

Eng/No:

C/No:

KMH414MG4093638

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 CST

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

5/7/18

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 REAR

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

A/E P/P

Date/Time File Pass to:

☐

Prel. Report

Days Of Repair:

2

Date/Time File Return to:

☐

Final Report

Resurvey No. of Trip:

Report Format:

Lump Sum / I.B.I.:

Add Fee:

☐

Site Insp : \$

Inter. : \$

Tech. : \$

Meas. : \$

Survey Fee

Transporter

3-PS

Fuel

Toll

☐

member of COMFORTDELGRO

Team: ARC Repair TP(CLS0)1 JOB CARD Sales Order: JC NO.: 305184334

OMER	REGN NO: SHA4398B	MILEAGE
S COMFORT TRANSPORTATION PTE LTD	MAKE: HYUNDAI	FUEL
7010045		E.....1/2.....F
OMER NO 383 SIN MING DRIVE	MODEL I-40	DATE/TIME IN 06.07.2018 09:35
ESS Singapore SINGAPORE 575717	YR OF MANU. 29.09.2016	TARGET DATE
65508755 (R) (O)	CHASSIS CODE KMHLB41UMGU093638	COMPLETION DATE/TIME:
(P)		
DUNT CARD NO.		

Accident Date: 05.07.2018
NATURE: 3P 05.07.18/C
S/NO LABOR CODE DESCRIPTION

WORKED & PASSED OUT BY:

SERVICE ADVISOR	CUSTOMER'S SIGNATURE
Acknowledgement Slip	Exit Pass
No.: SHA4398B JU AXA	Vehicle No.: SHA4398B
Signature/Date	Name of Service Advisor Date
Returned to Service Reception upon collection	To be kept by Security Guard