

15/5/2010

INS. CASE OWNER:

CC 3 / AIG1801 MOB, E2 J63

LKK:
IDAC:

Surveyor: Falun

ASSIGNMENT
DOI: 9/7/18

Date / Time : 9/7/18

Registered in Merimen: 10/7/18

Pre-assign / CCU / FTE



Insured Vehicle No. : SFQ 6505B
Name of Insured : _____
Insured Tel No. : _____ HP: _____
Excess Sec II : \$S _____ D.O.A : 6/7/18
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

SFB 2216



INSRS:
WSP: COBE
Tel : WJ
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/Time	STAGE	DATE / PIC
<u>SFB 2216 - 4</u>		
<u>SFQ 6505B - X</u>		
	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)	<input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>
	Towing Invoice:	<input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/>
	LOD	<input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>
PRELIMINARY ADVICE Date/Time:	Sent By:	
FINALIZATION Date/Time:	Confirm with:	Confirm by:
Repair Cost: \$S	(days) Reduction: %	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT 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	1) Claim status: Normal/Reject/Private Settle
Disbursement:	\$S (e.g. Tow/ Independent)	2) Report Format:
Legal Cost	\$S	3) Survey fee:
Total: \$S	Global Sum \$S:	
FINAL PAYMENT 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:	

(08/11/13)

Surveyor: Kavin

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspected Vehicle No: _____

at Workshop m/s _____

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 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

Veh No: SHB 22316 Yr Regn: 31/May, 2017

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

Truck / Trailer or

Make: Toyota Prius c.c. 1700

Colour: Yellow A/C: Insured / Std / NI / NA

Sp. Reading: 143497 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: J70KBJFY40355747

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STE A/Rim or

Tyre Size: F: 195/65R15

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or Waller

Front _____ Rear _____

R/Bal. 7 mm R/Bal. 7 mm

L/Bal. 7 mm L/Bal. 7 mm

D.O.A. 6/7/18 D.O.I. 9/2/18

Survey held at CDHE (Loyang)

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

O/S Body

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

Date / Time	Action / Instruction

ATK
PIP

Date/Time, File Pass to? : Preli. Report

1) : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:	
Transportation:	
Photos	
Others	
TOTAL	

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech. Invs (\$ _____)

: Weekend (\$ _____)

Report Format: _____

Lump Sum / I.B.I: (\$ _____)

member of COMFORTDELGRO

Date/Time: 07.07.2018 11:47 Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order: 3837842

JC NO.: 305184834

CUSTOMER CITYCAB PTE LTD 7010070 383 SIN MING DRIVE Singapore SINGAPORE 575717 65551188 (R) (O) (P)	REGN NO:	SHB2231G	MILEAGE
	MAKE:	TOYOTA	FUEL E.....1/2.....F
	MODEL	PRIUS HYBRID(G4)07	DATE/TIME IN 07.2018 08:55
	YR OF MANU.	31.05.2017	TARGET DATE
	CHASSIS CODE	JTDKB3FU403557457	COMPLETION DATE/TIME:

Accident Date: 06.07.2018
NATURE: 3P 06.07.18/B

JOB DESCRIPTION

S/NO	LABOR CODE	DESCRIPTION
AIG.		

CKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

No.: SHB2231G JU

Vehicle No.: SHB2231G

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard