

15/5/2010

INS. CASE OWNER:

CC 3/AIG1801 7878, E2460

LKK:
IDAC:

Surveyor: Edwin

DOI: 17/7/18

Date / Time : 17/7/18

Registered in Merimen: 10/7/18

Pre-assign / CCU / FTE



Insured Vehicle No. : SLM 2128K
Name of Insured : _____
Insured Tel No. : _____ HP: _____
Excess Sec II :SS _____ D.O.A : 10/7/18
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

SM 8000x



INSRS:
WSP: come m.
Tel : _____
Liability : _____
RMKS: _____



INSRS:
WSP:
Tel : _____
Liability : _____
RMKS: _____



INSRS:
WSP:
Tel : _____
Liability : _____
RMKS: _____



INSRS:
WSP:
Tel : _____
Liability : _____
RMKS: _____

Date/ Time	STAGE	DATE / PIC
<u>SM 8000x - 4</u>	Non-Reporting ltr (1st):	
<u>SLM 2128K - 4</u>	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"/> <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"/>

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____ Confirm 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 + LO [Tick only one]
GIA/LTA Search \$S
Medical: \$S

Disbursement: \$S (e.g. Tow/ Independent)
Legal Cost \$S

Total: \$S **Global Sum \$S:**
1) Claim status: Normal/Reject/Private Settle
2) Report Format: _____
3) Survey fee: _____

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: _____

(08/11/13)

Surveyor: Kevin

REF: _____

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspected Vehicle No: _____

at Workshop no/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 Rpt: _____ 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: SH 8099 X Yr Regn: 12 Mar, 2015

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

Truck / Trailer or

Make: Hyundai Z40 c.c. 1685

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

Sp. Reading: 329943 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: K M H C B 4 1 4 M F 4 0 6 5 3 4 2

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD / Rim or

Tyre Size: F: 205/60R16

R: _____

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

TOYO / YOKO or Haruharu

Front 7 mm Rear 7 mm

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

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

D.O.A. 26/7/8 D.O.I. 27/7/8

Survey held at CDHE (Layang)

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

Rear

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

Date / Time	Action / Instruction
<u>27/7/8</u>	<u>Confirmed up \$1000 / 20/7/8</u>

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

1) : Final Report

Date/Time, File Return to?

2) _____

Report Format: _____

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

Days Of Repair: _____

Resurvey No. of Trip: _____

- Add Fee:
- : Site Insp (\$ _____)
 - : Interview (\$ _____)
 - : Tech. Invs (\$ _____)
 - : Weekend (\$ _____)

Survey Fee:	
Transportation:	
_____ \$ + RS, _____ \$	
Photos	
Others	
TOTAL	

Workshops

59 Loyang Drive Singapore 508969 24 Senoko Loop Singapore 758156
383 Sin Ming Drive Singapore 575717 7 Sungei Kadut Way Singapore 728791
45 Pandan Road Singapore 609286 501 Yehun Industrial Park A Singapore 768732
320 Ubi Road 3 Singapore 408692

member of COMFORTDELGRO

Date/Time: 27.07.2018 09:31 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305192789

OMER	REGN NO.: SH 8099X	MILEAGE
IS COMFORT TRANSPORTATION PTE LTD	MAKE: HYUNDAI	FUEL
OMER NO. 7010045	MODEL I-40	E.....1/2.....F
RESS 383 SIN MING DRIVE	YR OF MANU. 12.03.2015	DATE/TIME IN 27.07.2018 07:40
Singapore SINGAPORE 575717	CHASSIS CODE KMHLB41UMFU065342	TARGET DATE
(R) 65508755 (O)	COMPLETION DATE/TIME:	
(P)		
DUNT CARD NO.		

JOB DESCRIPTION

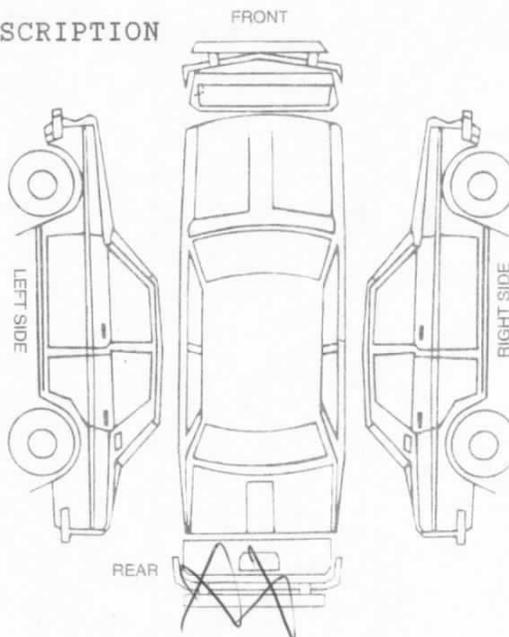
Accident Date: 26.07.2018

NATURE: 3P 26.07.18

S/NO

LABOR CODE

DESCRIPTION



BOOKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Confirmation Slip

Exit Pass

No.: SH 8099X

JU AIG LKK

Vehicle No.:

SH 8099X

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard