

15/5/2010

INS. CASE OWNER:

CC 4/AXA1801 4926, K2p6b

LKK:
IDAC:

Surveyor: KALVIN

DOI: ASSIGNMENT 16/8/18

Date / Time: 16/8/18

Registered in Merimen: 16/8/18

Pre-assign / CCU / FTE

SHD 9888E



Insured Vehicle No. : _____

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :SS _____ D.O.A : 10/8/18

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

SHD 3877M → _____ → _____ → _____



INSRS:
WSP: WBE
Tel : W
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
<u>SHD 3877M - 4</u>	Non-Reporting ltr (1st):	
<u>SHD 9888E - WK (16/8/18) 16/8/18</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"/>

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 + LO [Tick only one]

GIA/LTA Search \$S

Medical: \$S

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

Legal Cost \$S

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: _____

(08/11/13)

Surveyor: Kalvin

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 Report: _____ 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: S HB3833M Yr Regn: 28 Aug 2012

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

Truck / Trailer or

Make: Mercedes Benz E220 c.c. 2462cc

Colour: White A/C: In/Std/NI/NA

Sp. Reading: 627089 T/Radio: In/Std/NI/NA

Eng/No: _____

C/No: W0D21200224676693

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 AB / Rim or

Tyre Size: F: 205/60R16

R: _____

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

TOYO / YOKO or Westlake

Front: _____ Rear: _____

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

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

D.O.A. 10/8/12 D.O.I. 16/8/12

Survey held at CDHE (Loyang)

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

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

Date / Time	Action / Instruction
	Height measurement of taxi taken <u>AXA</u>
	<u>4s.</u>

Date/Time, File Pass to? : Preli. Report Days Of Repair: _____

1) : Final Report Resurvey No. of Trip: _____

Date/Time, File Return to? _____

2) _____

Report Format: _____

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

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

Survey Fee: _____

Transportation: _____ \$ + RS _____ SI

Photos _____

Others _____

TOTAL _____

Workshops

59 Loyang Drive Singapore 508969
383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609286
320 Ubi Road Singapore 678039
24 Senoko Loop Singapore 758156
7 Sungei Kadut Way Singapore 728791
501 Yishun Industrial Park A Singapore 768732

member of COMFORTDELGRO

Date/Time: 14.08.2018 10:33 Page : 1

Team: CK ARC Repair TP(CFSO)1

JOB CARD

Sales Order:

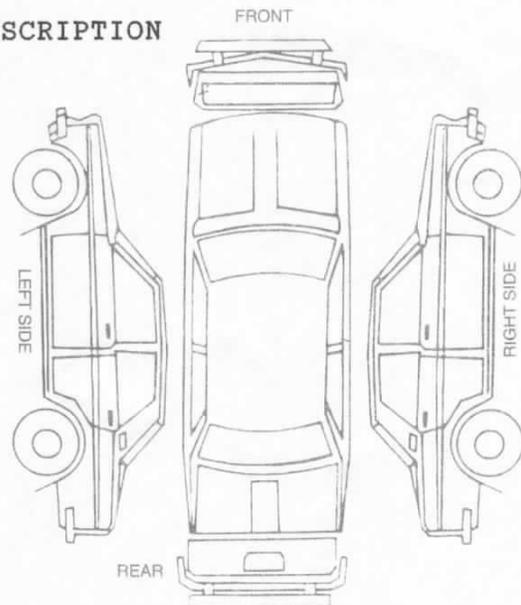
JC NO.: 305199712

OWNER	CITYCAB PTE LTD 7010070 383 SIN MING DRIVE Singapore SINGAPORE 575717 65551188	(R) (P)	(O)		REGN NO.: SHB3833M	MILEAGE
MAKE:	MERCEDES BENZ	FUEL E.....1/2.....F				
MODEL	E220CDI (E5)	DATE/TIME IN 14.08.2018 09:30				
YR OF MANU	31.08.2012	TARGET DATE				
CHASSIS CODE	WDD2120022A676693	COMPLETION DATE/TIME:				
OUNT CARD NO.						

JOB DESCRIPTION

Accident Date: 10.08.2018
NATURE: 3P 10.08.2018

S/NO	LABOR CODE	DESCRIPTION
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BOOKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

No.: **SHB3833M** **LKE**

Vehicle No.: **SHB3833M**

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard