

15/5/2010

INS. CASE OWNER:

Richard CC 4 ASM AXA1801 5126, K1067

LKK: IDAC:

Surveyor: Kalvin DOI: 20/8/18 Date / Time: 21/8/18

ASSIGNMENT

Pre-assign / CCU / FTE



Insured Vehicle No.: SLX 3A52P
Name of Insured:
Insured Tel No.: HP:
Excess Sec II :\$\$ D.O.A: 18/8/18
Is driver the owner? (YES / NO) Nature of Accident :

Claim No.: 58M005NN / 64255
Policy No.:
Make / Model :
Place 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

SLV 91405 -> 40J 51C -> SLX 3A52P -> SHD 6A070



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS: 61



INSRS: WBE
WSP: 4
Tel:
Liability:
RMKS: TP

Table with columns: Date/ Time, STAGE, DATE/ PIC. Includes sections for PRELIMINARY ADVICE, FINALIZATION, FINAL SETTLEMENT, and FINAL PAYMENT with various fields for costs, dates, and confirmations.

(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 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: SHD 6907D Yr Regn: 804 / 2015

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

Truck / Trailer or

Make: Hyundai 240 c.c. 1685

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

Sp. Reading: 409592 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KM HLB41UM44078433

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / 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 Weslake

Front: _____ Rear: _____

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

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

D.O.A. 18/8/8 D.O.I. 20/8/8

Survey held at (DHE (Loyang))

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>AXA</u>
	<u>PIP</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: _____

Survey Fee: _____

Transportation: _____ \$ + RS. _____ \$

Photos _____

Others _____

TOTAL _____

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech. Invs (\$ _____)

: Weekend (\$ _____)

Workshops

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305201932

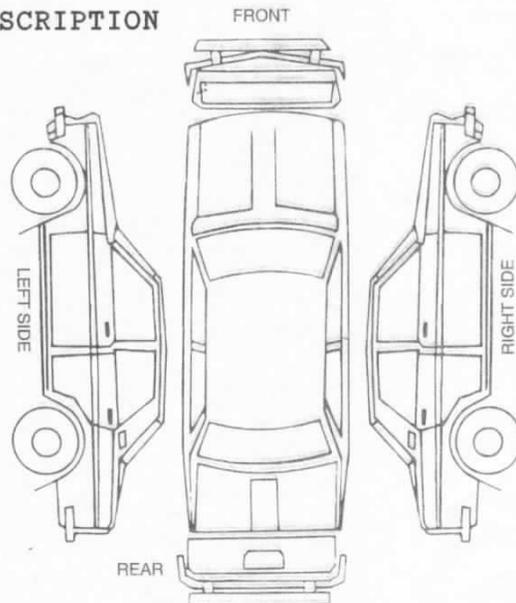
STOMER COMFORT TRANSPORTATION PTE LTD /MS 7010045 STOMER NO. 383 SIN MING DRIVE DRESS Singapore SINGAPORE 575717 65508755 .. (R) (O) (P)	REGN NO.: SHD6907D	MILEAGE
	MAKE : HYUNDAI	FUEL E.....1/2.....F
	MODEL I-40	DATE/TIME IN 18.08.2018 14:00
	YR OF MANUF 08.10.2015	TARGET DATE
	CHASSIS CODE KMHLB41UMGU078433	COMPLETION DATE/TIME:

SCOUNT CARD NO.

JOB DESCRIPTION

Accident Date: 18.08.2018
NATURE: 3P 18.08.2018

S/NO LABOR CODE DESCRIPTION



CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Name: _____
 Job No.: SHD6907D CHIANG
 Plate No.: _____

Vehicle No.: SHD6907D

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

Vehicle returned to Service Reception upon collection

To be kept by Security Guard