

INS. CASE OWNER:

Jus (an.

CC 4 / Asm 180 15059, Kluas

LKK:

IDAC:

b5b66

Surveyor:

Amk

DOI:

ASSIGNMENT

28/8/18

Date / Time:

28/8/18

Registered in Merimen:

Pre-assign / CCU / FTE

YL 21410 "VPR7061"

S8moo7P3



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :SS

D.O.A: 11/5/18

Place of Accident :

Is driver the owner?

(YES / NO)

Nature 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

SHC996R



INSRS:

WSP:

Tel :

Liability :

RMKS:

cme 10/10/18



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SHC996R. C13/1/18 1 to 20/2/18 Kluas, 28/8/18
 - C2/1/18 1 to 20/2/18 Kluas, 28/8/18
 YL 21410 - x

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:

CITY CAB PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC 996R

MAKE :

MODEL : MERCEDES BENZ VIANO

DATE 27/8/2018 14:29

AXA

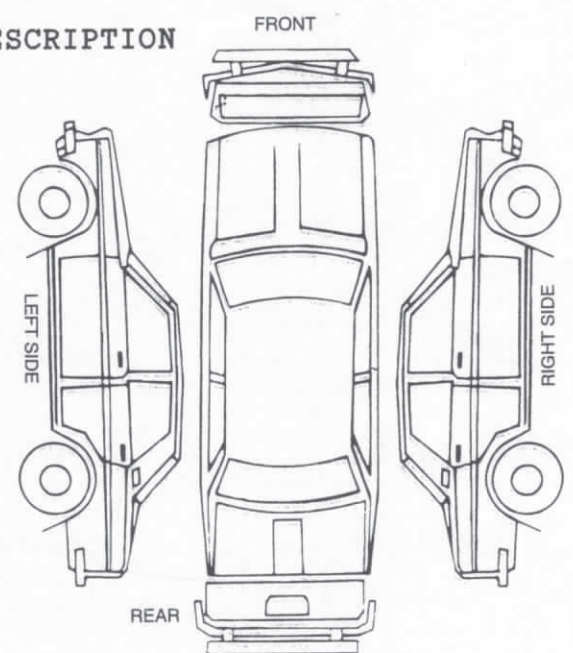
LC

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Mirror Assy,Frt,LH ✓			\$ 1,195.02
	Mirror Glass,Frt,LH ✕			\$ 219.58
	SUB TOTAL			\$ 1,414.60
	LESS 20%			\$ 282.92
	DISCOUNTED TOTAL			\$ 1,131.68
	Labour Charge			
	Panel Beating			\$ 250.00 50
	Spray Painting Charge			\$ 150.00 50
	Wiring Charge			\$ 30.00 ✕
	TOTAL LABOUR			\$ 430.00
	ESTIMATE TOTAL			\$ 1,561.68
<p>Ka Li 1 URM</p> <p>28/8/8 1026</p> <p>1 Dy</p> <p>4/3</p> <p>After Repair p Lto</p> <div> <p>UKK Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> • To resurvey before/after spray painting • To display damaged part(s) during resurvey • Parts prices are subject to confirmation • Third party survey is on a "Without Prejudice" basis • No illegal modification(s) is allowed • Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company <p>Acknowledged by Repairer</p> <p>Signature:</p> <p>Date:</p> </div>				
This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.				

Team: ARC Repair TP(CFSO)1	JOB CARD	Sales Order:	JC NO.: 305204650
STOMER	REGN NO.: SHC 996R	MILEAGE	
/MS CITYCAB PTE LTD	MAKE : MERCEDES BENZ	FUEL	
STOMER NO. 7010070	MODEL VIANO CDI 2.2L	DATE/TIME IN	27.08.2018 09:50
DRESS 383 SIN MING DRIVE	YR OF MANU. 11.10.2013	TARGET DATE	
Singapore SINGAPORE 575717	CHASSIS CODE WDF63981323808436	COMPLETION DATE/TIME:	
65551188 (R) (O)			
(P)			
COUNT CARD NO.			

Accident Date: 11.05.2018
NATURE: 3P 11.08.18/C

JOB DESCRIPTION

S/NO	LABOR CODE	DESCRIPTION
		

CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR	CUSTOMER'S SIGNATURE
Acknowledgement Slip	Exit Pass
Vehicle No.: SHC 996R	Vehicle No.: SHC 996R
CHIANG	
Name of Service Advisor	Name of Service Advisor
Signature/Date	Date
Returned to Service Reception upon collection	To be kept by Security Guard

Final Amount Subject to Insurance Approval