

15/5/2010
 INS. CASE OWNER: CC3 / EQ11801 5912, K1pbh LKK:
 IDAC:

Surveyor: Kalvin DOI: 20/8/18 Date / Time: 20/8/18
 Registered in Merimen:

Pre-assign / CCU / FTE
 Insured Vehicle No. : GBE 5770C Claim No. :
 Name of Insured : Policy No. :
 Insured Tel No. : HP: Make / Model :
 Excess Sec II :SS D.O.A: 20/8/18 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

SKA 26239 → → → → →
 INSR: CODE INSR: INSR: INSR:
 WSP: W WSP: WSP: WSP:
 Tel: Tel: Tel: Tel:
 Liability: Liability: Liability: Liability:
 RMKS: RMKS: RMKS: RMKS:

Date/ Time	STAGE	DATE / PIC
<u>SKA 26239 - X</u>	Non-Reporting ltr (1st):	
<u>GBE 5770C - X</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:
 Post-Repair Photos:
 Others:

FINALIZATION Date/Time: Confirm with: Confirm by:
 Repair Cost: \$\$ (days) Reduction: % Email Call

FINAL SETTLEMENT Date/Time: Confirm with Email Cal
 Final Liability: % (Agreed / Assessed) BOLA S/N No. : If NO or B 28, Ass. Lia :
 Repair Cost: \$\$
 Loss of Rental (LOR): \$\$ (days)
 Loss of Use (LOU): \$\$ (\$ x days)
 Loss of Income (LOI): \$\$ (\$ x days)
 LOR only LOU only LOR + LOU LOR + LO [Tick only one]
 GI/LTA Search \$\$
 Medical: \$\$
 Disbursement: \$\$ (e.g. Tow/ Independent)
 Legal Cost \$\$
 1) Claim status: Normal/Reject/Private Settle
 2) Report Format:
 3) Survey fee:

Total: \$\$ **Global Sum \$\$:**
FINAL PAYMENT Date/Time: Confirm with: Email Cal

Payee 1: \$\$ Name 1:
 Payee 2: (Strike if N.A.) \$\$ Name 2:
 Payee 3: (Strike if N.A.) \$\$ 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 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: SHA 76239 Yr Regn: 7 May, 2015

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

Truck / Trailer or

Make: Hyundai 240 c.c. 1685

Colour: Blue A/C: Ins~~ured~~ / Std / NI / NA

Sp. Reading: 396253 T/Radio: Ins~~ured~~ / Std / NI / NA

Eng/No: _____

C/No: KMHLB 4122 FM068859

Gen. Cond: 4 / Good / Fair / Poor / Burnt

Steering: In~~order~~ / Jammed / Leaked / Burnt or

Brake: In~~order~~ / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / S~~TD~~ / Rim or

Tyre Size: F: 205 / 60R16

R: _____

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

TOYO / YOKO or West Laka

Front 7 mm Rear 7 mm

R/Bal. _____ mm L/Bal. 7 mm

D.O.A. 27/8/8 D.O.I. 30/8/8

Survey held at CDHE (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>EQ</u>
	<u>4s</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
383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609286
320 Ubi Road 3 Singapore 408669

24 Senoko Loop Singapore 758156
7 Sungei Kadut Way Singapore 728791
501 Yishun Industrial Park A Singapore 768732

Date/Time: **29.08.2018 17:42** Page : 1

: ARC Repair TP(CLSO)1

JOB CARD

Sales Order: 3852181

JC NO.: 305206024

COMFORT TRANSPORTATION PTE LTD NO. 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 (O)	REGN NO.: SHA7623G	MILEAGE
	MAKE: HYUNDAI	FUEL E.....1/2.....F
	MODEL I-40	DATE/TIME IN 29.08.2018 09:40
	YR OF MANU 07.05.2015	TARGET DATE
	CHASSIS CODE KMHLB41UMFU068859	COMPLETION DATE/TIME:

ARD NO.

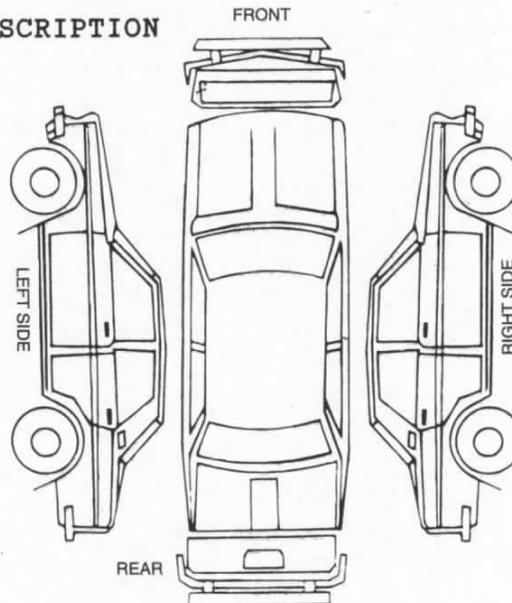
JOB DESCRIPTION

ident Date: 27.08.2018
URE: 3P 27.08.18/B-

O

LABOR CODE

DESCRIPTION



PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ent Slip

Exit Pass

SHA7623G

FZ EQ LKK

Vehicle No.:

SHA7623G

e Advisor

Signature/Date

Name of Service Advisor

Date

o Service Reception upon collection

To be kept by Security Guard