

15/5/2010

INS. CASE OWNER:

CC 4/LPC1801

LKK:

IDAC:

Surveyor:

Kaluin

DOI:

ASSIGNMENT

1/10/18

Date / Time :

1/10/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

SJT 57994

Claim No. :

18/18/18/005/020962

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :\$

D.O.A :

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

SJB 2887P



INSRS:

WSP:

Tel :

Liability :

RMKS:

016E
W

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time			STAGE	DATE / PIC
	SJB 2887P	SJT 57994	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:	\$	(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:	\$			
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]			
GIA/LTA Search	\$			
Medical:	\$			
Disbursement:	\$	(e.g. Tow/ Independent)	1) Claim status: Normal/Reject/Private Settle	
Legal Cost	\$	2) Report Format:		
		3) Survey fee:		
Total:	\$	Global Sum \$:		
FINAL PAYMENT Date/Time: Confirm with: Email ☐ Call ☐				
Payee 1:	\$	Name 1:		
Payee 2: (Strike if N.A.)	\$	Name 2:		
Payee 3: (Strike if N.A.)	\$	Name 3:		

(08/11/13)

Surrey: Kalvin

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD/TP/WS/TPRES/ODRES/EVA/INV/MV

To Insp'd 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

Date / Time	Action / Instruction

Date/Time, File Pass to?

☐ : Prel. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Report Format: _____

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

Veh No: _____

SHB 2887 P

Yr Regn: _____

31 Aug 2012

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

Truck / Trailer or

Make: _____

Mercedes Benz E220

c.c

2148

Colour

White

A/C:

Insured / Std / NI / NA

Sp. Reading

1133660

T/Radio:

Insured / Std / NI / NA

Eng/No: _____

C/No: _____

LDD2120022A678279

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inord / Jammed / Leaked / Burnt or

Brake: Inord / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

205/60R16

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIG / 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.

28/9/18

D.O.I.

1/10/18

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.

Lampac
4/5

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

S + RS \$

Photos

Others

TOTAL

Add Fee:

☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Invs (\$)☐ : Weekend (\$)

Team: CK ARC Repair TP(CFSO)1

JOB CARD

Sales Order:

JC NO.: 305219177

STOMER

CITYCAB PTE LTD
7010070
STOMER NO.
383 SIN MING DRIVE
DRESS
Singapore SINGAPORE 575717
(R) 65551188 (O)
(P)

COUNT CARD NO.

REGN NO.: SHB2887P	MILEAGE
MAKE : MERCEDES BENZ	FUEL E.....1/2.....F
MODEL E220CDI (E5)	DATE/TIME IN 29.09.2018 08:20
YR OF MANU. 31.08.2012	TARGET DATE
CHASSIS CODE WDD2120022A678279	COMPLETION DATE/TIME:

JOB DESCRIPTION

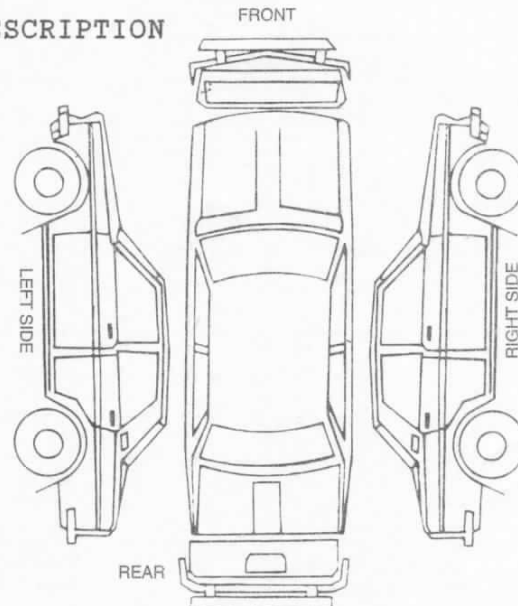
Accident Date: 28.09.2018
NATURE: 3P 28.09.2018

S/NO

LABOR CODE

DESCRIPTION

LON PAC - taxi: Rear damage



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHB2887P LARRY

Vehicle No.: SHB2887P

Larry Ng

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard