

15/9/2010

INS. CASE OWNER:

Richard / CC / AXA1801 / 7828, K1pbh

LKK:
IDAC:

Surveyor:

Kalvin

DOI:

ASSIGNMENT

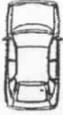
2/10/18

Date / Time:

2/10/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

GBF 5818U

Claim No. :

85MODXQK1 / 93028

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :SS

D.O.A :

2/10/18

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

CHB 3383U



INSRS:
WSP:
Tel :
Liability :
RMKS:

LDGE
WJ



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC	
CHB 3383U - No / 18/10/18 4.5/1/18 GBF 5818U - 15/10/18 10/18/18 DIWR	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:		
	Notification ltr (if non-pickup)	Handler	Typist
	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:	<input type="checkbox"/>	<input type="checkbox"/>
			Others:	<input type="checkbox"/>	<input type="checkbox"/>
FINALIZATION	Date/Time:	Confirm with:	Confirm by:		
Repair Cost:	SS	(days) Reduction:	%	Email <input type="checkbox"/>	Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time:	Confirm with	Email <input type="checkbox"/>	Call <input type="checkbox"/>	
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :		
Repair Cost:	SS				
Loss of Rental (LOR):	SS	(days)			
Loss of Use (LOU):	SS	(\$ x days)			
Loss of Income (LOI):	SS	(\$ x days)			
LOR only <input type="checkbox"/>	LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/>	LOR + LO <input type="checkbox"/>	[Tick only one]	
GIA/LTA Search	SS				
Medical:	SS				
Disbursement:	SS	(e.g. Tow/ Independent)	1) Claim status: Normal/Reject/Private Settle		
Legal Cost	SS		2) Report Format:		
Total:	SS	Global Sum SS:	3) Survey fee:		
FINAL PAYMENT	Date/Time:	Confirm with:	Email <input type="checkbox"/>	Call <input type="checkbox"/>	
Payee 1:	SS	Name 1:			
Payee 2: (Strike if N.A.)	SS	Name 2:			
Payee 3: (Strike if N.A.)	SS	Name 3:			

JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition									
1. Date: <u>2/10/18</u> Time Received: <u>0425</u>	3. Vehicle Type: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Taxi (CTPL/CCPL) <input type="checkbox"/> Fleet <input type="checkbox"/> STK (Boon Lay)	4. Type of Towing: <input checked="" type="checkbox"/> Normal Tow <input type="checkbox"/> King Dolly <input type="checkbox"/> Flat Bed <input type="checkbox"/> Crane-up							
2. <input type="checkbox"/> New <input type="checkbox"/> SPARK Kakis Name of Customer : <u>MR LEE</u> Contact No. : <u>81007446</u> Vehicle No. : <u>SHB 3383U</u> Make / Model / Colour : <u>I 40 (D)</u> Email : _____	5. Nature of Service: <input type="checkbox"/> Jumpstart <input type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery		6. Parts Replaced/Remarks: _____ _____						
7. Location: <u>349 Pasir Panjang</u>		8. Vehicle Tow - In Workshop: <input type="checkbox"/> Smoky Exhaust <input type="checkbox"/> Wheel Jammed <input type="checkbox"/> Overheating <input type="checkbox"/> Steering Faulty <input type="checkbox"/> Brake Faulty <input type="checkbox"/> Alternator Faulty <input type="checkbox"/> Starting Problem <input type="checkbox"/> Loss Power <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Engine Stalled <input type="checkbox"/> Return Taxi							
9. Preferred Workshop: <input type="checkbox"/> Braddell <input checked="" type="checkbox"/> Loyang <input type="checkbox"/> Pandan <input type="checkbox"/> Sin Ming <input type="checkbox"/> Sungei Kadut <input type="checkbox"/> Ubi <input type="checkbox"/> Senoko <input type="checkbox"/> Komoco (UBI / Leng Kee) <input type="checkbox"/> Cycle & Carriage (PD) <input type="checkbox"/> Others: _____		10. Odometer Reading : _____ Fuel Level : <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px;">F</td><td style="width: 20px;">1/4</td><td style="width: 20px;">1/2</td><td style="width: 20px;">3/4</td><td style="width: 20px;">E</td></tr></table>	F	1/4	1/2	3/4	E	11. Radio / CD Player <input checked="" type="checkbox"/> OK <input type="checkbox"/> Faulty <input type="checkbox"/> Not tested	 #: Cracked X: Dented /: Scatched O: Missing
F	1/4	1/2	3/4	E					
Job Attended									
12. Tow Truck / Recovery Van : <input type="checkbox"/> VRS <input type="checkbox"/> QA <input checked="" type="checkbox"/> GAO <input type="checkbox"/> TZ <input type="checkbox"/> YISHUN <input type="checkbox"/> OTHERS Name of Driver : <u>Ping</u> Vehicle No. : <u>Ym9148J</u> Time Dispatch : <u>0425</u> Time of Arrival : <u>0500</u> Time Completed : <u>0600</u>		Signature of Customer _____							
Cash Invoice Details (if applicable)									
13. Cash Invoice No. : _____									
Customer Acknowledgement									
a. I have been advised to remove all valuable items in my vehicle, including Global Positioning System (GPS), audio compact disk, thumbdrive, carpark coupons, cash cards, spectacles, pen, etc. b. I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses. c. Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.									
<u>2/10/18</u> Date	<u>0500</u> Time	 Signature of Customer							
14. WORKSHOP									
Name of Attending Staff/Guard	Date & Time of Arrival	Signature of Attending Staff/Guard							

Workshops

member of COMFORTDELGRO

Date/Time: 02.10.2018 11:21 Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order:

JC NO.: 305220541

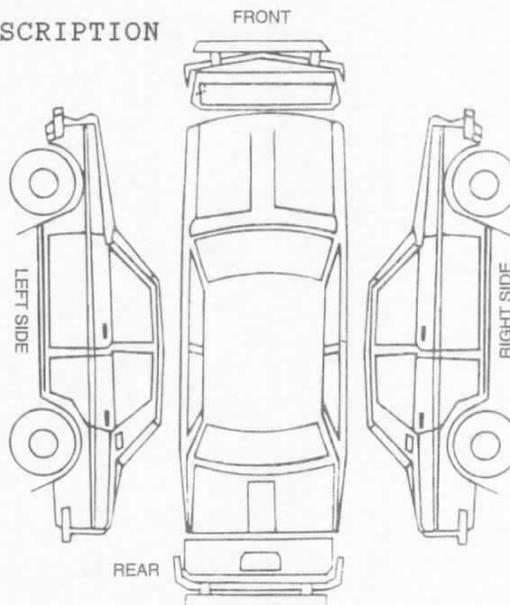
OMER	REGN NO.: SHB3383U	MILEAGE
IS CITYCAB PTE LTD	MAKE: HYUNDAI	FUEL
OMER NO. 7010070	MODEL I-40	E.....1/2.....F
RESS 383 SIN MING DRIVE	YR OF MANU. 15.01.2015	DATE/TIME IN 02.10.2018 03:50
Singapore SINGAPORE 575717	CHASSIS CODE KMHLB41UMFU064719	TARGET DATE
(R) 65551188 (O)		COMPLETION DATE/TIME:
(P)		
DUNT CARD NO.		

JOB DESCRIPTION

Accident Date: 02.10.2018
NATURE: 3P 02.10.18

S/NO LABOR CODE

DESCRIPTION



BOOKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Confirmation Slip

Exit Pass

No.: SHB3383U LIMITS

Vehicle No.: SHB3383U

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard