

15/5/2010

INS. CASE OWNER:

CC of <sup>43m</sup> AXA1801 8219, K2 pb3

LKK:  
IDAC:

Surveyor:

Kalin

ASSIGNMENT

DOI:

8/10/18

Date / Time :

8/10/18

Registered in Merimen: \_\_\_\_\_

Pre-assign / CCU / FTE



Insured Vehicle No. :

SYG 116M

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP: \_\_\_\_\_

Make / Model :

Excess Sec II :S\$ \_\_\_\_\_

D.O.A : 5/10/18

Place of Accident : \_\_\_\_\_

Is driver the owner? ( YES / NO )

( 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

SHE 7232E



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

WBE



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time	STAGE	DATE / PIC
<u>SHE 7232E - X</u>	Non-Reporting ltr (1st):	
<u>SYG 116M - X</u>	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	
	After call ltr to OI:	
	<b>Documentation Check List:</b>	<b>Handler</b> <b>Typist</b>
	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"/>
	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>
<b>PRELIMINARY ADVICE</b> Date/Time: _____ Sent By: _____		
<b>FINALIZATION</b> Date/Time: _____ Confirm with: _____		
Repair Cost: S\$ _____ ( _____ days) Reduction: % _____ Email <input type="checkbox"/> Call <input type="checkbox"/>		
<b>FINAL SETTLEMENT</b> 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: S\$ _____		
Loss of Rental (LOR): S\$ _____ ( _____ days)		
Loss of Use (LOU): S\$ _____ (\$ x _____ days)		
Loss of Income (LOI): S\$ _____ (\$ 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 S\$ _____		
Medical: S\$ _____		1) Claim status: Normal/Reject/Private Settle
Disbursement: S\$ _____ (e.g. Tow/ Independent )		2) Report Format:
Legal Cost S\$ _____		3) Survey fee:
<b>Total:</b> S\$ _____ <b>Global Sum S\$:</b> _____		
<b>FINAL PAYMENT</b> Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Call <input type="checkbox"/>		
Payee 1: S\$ _____ Name 1: _____		
Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____		
Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____		

(08/11/13)

Surveyor: Kevin

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 Report: \_\_\_\_\_ 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: SHC 7253E Yr Regn: 25 Aug 2016

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

Truck / Trailer or

Make: Hyundai 240 C.C. 1685

Colour: Yellow A/C: Ins 0 / Std / NI / NA

Sp. Reading: 30.9069 T/Radio: Ins 0 / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: KMHLB414A 6093571

Gen. Cond: Good / F / Poor / Burnt

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

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

Modi: Nil / S/Rim / STD 0 / Rim or

Tyre Size: F: 205/60R16

R: \_\_\_\_\_

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

TOYO / YOKO or Wentable

Front R/Bal. 7 mm

L/Bal. 7 mm

D.O.A. 5/10/12

Survey held at CDHE (Loyang)

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or O/S Frnt

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<b>AxA</b> <b>P/P</b>

Date/Time, File Pass to?  : Prel. 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 (\$ \_\_\_\_\_)

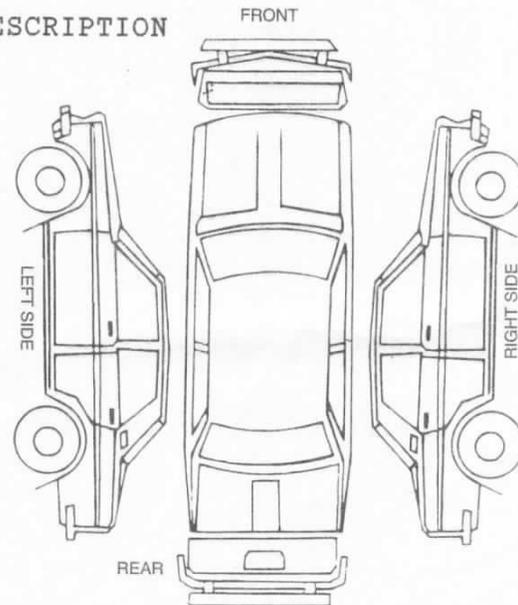
Survey Fee:	
Transportation:	
\$ + RS. SI	
Photos	
Others	
TOTAL	

<b>Team:</b> ARC Repair TP(CFSO)1	<b>JOB CARD</b>	<b>Sales Order:</b>	<b>JC NO.:</b> 305222816
STOMER	REGN NO.:	SHC7253E	MILEAGE
/MS CITYCAB PTE LTD	MAKE:	HYUNDAI	FUEL
STOMER NO. 7010070	MODEL	I-40	E.....1/2.....F
DRESS 383 SIN MING DRIVE	DATE/TIME IN	05.10.2018 17:35	DATE/TIME IN
Singapore SINGAPORE 575717	YR OF MANU	25.08.2016	TARGET DATE
65551188 (R) (O)	CHASSIS CODE	KMHLB41UMGU093571	COMPLETION DATE/TIME:
(P)			
COUNT CARD NO.			

JOB DESCRIPTION

Accident Date: 05.10.2018  
NATURE: 3P 05.10.2018

S/NO	LABOR CODE	DESCRIPTION
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CHECKED & PASSED OUT BY: \_\_\_\_\_

\_\_\_\_\_  
SERVICE ADVISOR CUSTOMER'S SIGNATURE

Acknowledgement Slip

No.: SHC7253E CHIANG

Signature/Date

Returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHC7253E

Name of Service Advisor Date

To be kept by Security Guard