

15/5/2010

INS. CASE OWNER:

CC 3/CT11801 8895, klub3

LKK:
IDAC:

Surveyor: Kalvin

DOI: 16/10/08

Date / Time : 16/10/08

Registered in Merimen: _____

Pre-assign / CCU / FTE

SLN 8567m



Insured Vehicle No. : _____

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$S _____ D.O.A : 12/10/08

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

SHC 7617E



INSRS: 004E
WSP: _____
Tel : _____
Liability : W
RMKS: _____



INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____

Date/ Time	STAGE	DATE / PIC
SHC 7617E SLN 8567m	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)	<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: _____

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____

Repair Cost: \$S _____ (_____ 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: \$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 + LO [Tick only one]

GIA/LTA Search \$S _____

Medical: \$S _____

Disbursement: \$S _____ (e.g. Tow/ Independent)

Legal Cost \$S _____

Total: \$S _____ Global Sum \$S: _____

FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email Cal

Payee 1: \$S _____ Name 1: _____

Payee 2: (Strike if N.A.) \$S _____ Name 2: _____

Payee 3: (Strike if N.A.) \$S _____ Name 3: _____

Surveyor: Kelvin

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspected Vehicle No: _____

at Workshop r/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: SHC367R Yr Regn: 9 Apr 2014

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

Truck / Trailer or

Make: Hyundai I40 c.c. 1685

Colour: Blue A/C: Insured / Std / NI / NA

Sp. Reading: 792542 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHLB414AB4052529

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Good / Jammed / Leaked / Burnt or

Brake: Good / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/60R16

R: _____

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

TOYO / YOKO or Westlake

Front R/Bal. 7 mm

Rear R/Bal. 7 mm

L/Bal. 7 mm

D.O.A. 12/10/12 D.O.I. 16/10/12

Survey held at CDHE (Layang)

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

N/S Front

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>CTD</u>
	<u>41</u>

Date/Time, File Pass to? : Prell. Report : Final Report

Days Of Repair: _____ Resurvey No. of Trip: _____

1) _____ Date/Time, File Return to? 2) _____

Report Format: _____ Lump Sum / I.B.I: (\$ _____)

Add Fee: : Site Insp (\$ _____) : Interview (\$ _____) : Tech. Invs (\$ _____) : Weekend (\$ _____)

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

CHANG

Date/Time: 16.10.2018 11:33 Page : 1

Team: ARC Repair TP(CLS0)1 **JOB CARD** Sales Order: JC NO.: 305226563

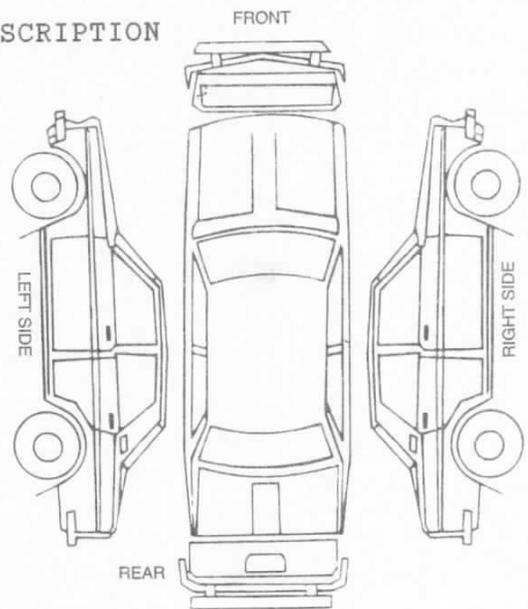
CUSTOMER MR/MS COMFORT TRANSPORTATION PTE LTD CUSTOMER NO. 7010045 ADDRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 TEL. (R) 65508755 (O) (P) DISCOUNT CARD NO.	REGN NO.: SHC3617R	MILEAGE
	MAKE : HYUNDAI	FUEL E..... 1/2.....
	MODEL I-40	DATE/TIME IN 16.10.2018 10:20
	YR OF MANU 09.04.2014	TARGET DATE
	CHASSIS CODE KMHLB41UMEU052529	COMPLETION DATE/TIME:

CHANG

JOB DESCRIPTION

Accident Date: 12.10.2018
NATURE: 3P 12.10.2018

S/NO LABOR CODE DESCRIPTION



CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR CUSTOMER'S SIGNATURE

acknowledgement Slip

Name: _____

Vehicle No.: SHC3617R CHIANG

Name of Service Advisor Signature/Date

to be returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHC3617R

Name of Service Advisor Date

To be kept by Security Guard