

15/5/2010

INS. CASE OWNER:

Lanthia

CC 4 / AXA1801

9076, #2 clb3

LKK:

IDAC:

Surveyor:

Kalin

DOI:

ASSIGNMENT

10/10/18

Date / Time :

19/10/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

GLK 12450

Claim No. :

S8MOV2M2 / 96072

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :SS

D.O.A :

18/10/18

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

SHA 1185T



INSRS:

WSP:

Tel :

Liability :

RMKS:

WBE
WJ

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC
SHA 1185T - 4	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"/>
	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<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 <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: 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\$	
Disbursement:	S\$ (e.g. Tow/ Independent)	1) Claim status: Normal/Reject/Private Settle
Legal Cost	S\$	2) Report Format:
		3) Survey fee:
Total: S\$	Global Sum S\$:	
FINAL PAYMENT 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:	

Surveur: Calvin

ASSIGNMENT

SHA 1185T

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

Truck / Trailer or

Make: Toucan Pro C.C. 1748

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

Sp. Reading 202147 T/Radio: In ☒ / Std / NI / NA

Eno/No:

C/No: T70 KB 3F4103r 6p26x

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / 6 A/Rim or

N/S	O/S

Tyre Size: F: 195/65R15

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or *Wgt / No*

Front	2	mm	Rear	2	mm
R/Bal.			R/Bal.		

L/Bal.	7	mm	L/Bal.	7	mm
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D.O.A. 18/10/18 D.O.I. 19/10/18

Survey held at : CDHE (Loyang)

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

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

[illegible]

☐: Prel. Report

☐ : Final Report

Days Of Repair: .

Resurvey No. of Trip:

Add Fee: : Site Insp (\$

Report Format :

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

	: Site Insp (\$
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☐ Interview (9)

Tech: Invs (\$)

Weekend (\$)

Survey Fee:

Transportation:

$$) \left(\frac{S + RS}{S} \right)$$

Photos

Others

TOTAL

member of COMFORTDELGRO

45 Pandan Road Singapore 609286
7 Sungei Kadut Way Singapore 728791
24 Senoko Loop Singapore 758156

383 Sin Ming Drive Singapore 575717
320 Ubi Road 3 Singapore 408649

6553 1111
SPARK Assist
Recovery • Towing • Accident



JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition

Date: 19/10/18 Time Received: 1.25AM		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 type="checkbox"/> Normal Tow <input checked="" type="checkbox"/> King Dolly <input type="checkbox"/> Flat Bed <input type="checkbox"/> Crane-up													
<input type="checkbox"/> New <input type="checkbox"/> SPARK Kakis Name of Customer : MR TAY Contact No. : 82812989 Vehicle No. : SH118ST Make/Model/Colour : T/PRMS 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: 649 Woodlands Rd B3		8. Vehicle Tow - In Workshop: <table border="0"><tr><td><input type="checkbox"/> Smoky Exhaust</td><td><input type="checkbox"/> Wheel Jammed</td></tr><tr><td><input type="checkbox"/> Overheating</td><td><input type="checkbox"/> Steering Faulty</td></tr><tr><td><input type="checkbox"/> Brake Faulty</td><td><input type="checkbox"/> Alternator Faulty</td></tr><tr><td><input type="checkbox"/> Starting Problem</td><td><input type="checkbox"/> Loss Power</td></tr><tr><td><input checked="" type="checkbox"/> Accident</td><td><input type="checkbox"/> Engine Stalled</td></tr><tr><td><input type="checkbox"/> Return Taxi</td><td></td></tr></table>				<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	
<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: <table border="0"><tr><td><input type="checkbox"/> Braddell</td><td><input checked="" type="checkbox"/> Loyang</td><td><input type="checkbox"/> Pandan</td></tr><tr><td><input type="checkbox"/> Sin Ming</td><td><input type="checkbox"/> Sungei Kadut</td><td><input type="checkbox"/> Ubi</td></tr><tr><td><input type="checkbox"/> Senoko</td><td><input type="checkbox"/> Komoco (UBI / Leng Kee)</td><td><input type="checkbox"/> Cycle & Carriage (PD)</td></tr><tr><td colspan="3"><input type="checkbox"/> Others:</td></tr></table>		<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:			11. Radio / CD Player <input type="checkbox"/> OK <input type="checkbox"/> Faulty <input type="checkbox"/> Not tested		 # : Cracked X : Dented / : Scratched O : Missing Signature of Customer: Ken	
<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:																	
Reading: 20214km Fuel Level : F 1/4 1/2 3/4 E																	

Job Attended

12. Tow Truck / Recovery Van : <input checked="" type="checkbox"/> VRS <input type="checkbox"/> QA <input checked="" type="checkbox"/> GAO <input type="checkbox"/> TZ <input type="checkbox"/> YISHUN <input type="checkbox"/> OTHERS TOWING	
Name of Driver :	Jia Wang
Vehicle No. :	125AM
Time Dispatch :	1.25AM
Time of Arrival :	2.05AM
Time Completed :	3.05AM

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™.

19/10/18

Date

2.05AM

Time

Signature of Customer

14. WORKSHOP

Name of Attending Staff/Guard

Date & Time of Arrival

Signature of Attending Staff/Guard

WORKSHOP COPY

Workshops

59 Loyang Drive Singapore 508969 24 Senoko Loop Singapore 758156
383 Sin Ming Drive Singapore 575717 7 Sungei Kadut Way Singapore 728791
45 Pandan Road Singapore 609286 501 Yishun Industrial Park A Singapore 768732
220 Ubi Road 3 Singapore 408699

member of COMFORTDELGRO

Date/Time: 19.10.2018 09:59 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order: 3866212

JC NO.: 305227685

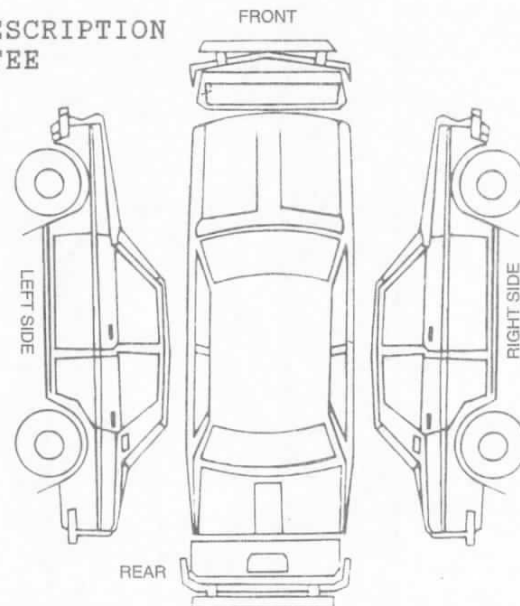
OMER	REGN NO.: SHA1185T	MILEAGE
S	MAKE: TOYOTA	FUEL
OMER NO. 7010045	MODEL	E.....1/2.....F
ESS 383 SIN MING DRIVE	DATE/TIME IN	DATE/TIME IN
Singapore SINGAPORE 575717	PRIOUS HYBRID(G4)	19.10.2018 01:25
65508755 (R) (O)	YR OF MANU	TARGET DATE
(P)	23.08.2017	
JUNT CARD NO.	CHASSIS CODE	COMPLETION DATE/TIME:
	JTDKB3FU103563264	

JOB DESCRIPTION

Accident Date: 18.10.2018
NATURE: 3P 18.10.18

S/NO LABOR CODE
000010 23-01

DESCRIPTION
TOWING FEE



BOOKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Redemption Slip

Exit Pass

No.: SHA1185T JU AXA

Vehicle No.: SHA1185T

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard