

15/5/2010

INS. CASE OWNER:

CC 3/CTI1801 9265, Elyah

LKK:
IDAC:

Surveyor: Enlvin DOI: 4/10/08 Date / Time: 22/10/08
Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SDZ 500P Claim No. : _____
Name of Insured : _____ Policy No. : _____
Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :SS _____ 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

SHL 80012 → → → →



INSRS:
WSP: WHE
Tel : W
Liability : M
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
<u>SHL 80012 - 4</u>	Non-Reporting ltr (1st):	
<u>SDZ 500P - 4</u>	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: _____		

08/11/13

Inspector: Kalvin

REF: _____

ASSIGNMENT

From: _____ Date: _____

Veh No: SHC 8001 J Yr Regn: 6 May 2015

Estimated Cost: _____

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

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

Truck / Trailer or

To Insped Vehicle No: _____

Make: Mercedes Benz E220 c.c. 2143

at Workshop r/s _____

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

of _____

Sp. Reading: 557261 T/Radio: Insured / Std / NI / NA

Insured: _____

Eng/No: _____

Policy No. _____

C/No: WPD21200128159927

Claims No. _____

Gen. Cond: Good / Fair / Poor / Burnt

Sum Insured: _____ Excess: _____

Steering: In order / Jammed / Leaked / Burnt or

(Client's Record)

Brake: In order / Jammed / Leaked / Burnt or

Make of Veh: _____

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

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Tyre Size: F: 225/55R16

R: 55

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

TOYO / YOKO or Weld/ke

Bal. or Market Value: _____

Front R/Bal. 7 mm Rear R/Bal. 7 mm

IDAC Accident Rpt: _____ Consistent? : Yes or No

L/Bal. 7 mm U/Bal. 7 mm

GIA / PR Seen: _____ Consistent? : Yes or No

D.O.A. 19/10/18 D.O.I. 22/10/18

Est. Repairs: _____ days Res.: Yes or No

Survey held at CDHE (Layang)

Lum Sum: _____ % 3 Val.: Yes or No

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

CA' / .REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

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

Date / Time	Action / Instruction
	<u>CTI</u>
	<u>4/5</u>

Date/Time, File Pass to? : Prel. Report

Days Of Repair: _____

1) : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

Survey Fee:

2) _____

Add Fee: : Site Insp (\$ _____)

Transportation: _____

: Interview (\$ _____)

\$ + RS. \$ _____

: Tech. Invs (\$ _____)

Photos _____

: Weekend (\$ _____)

Others _____

Report Format: _____

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

TOTAL

member of COMFORTDELGRO

Date/Time: 19.10.2018 17:34 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

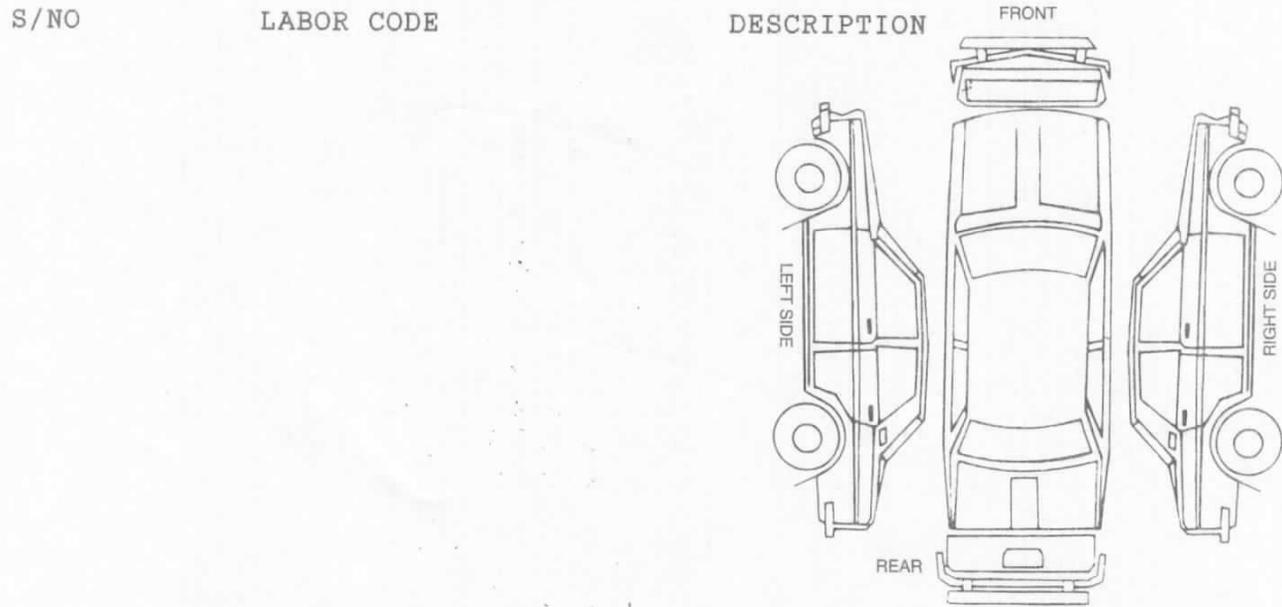
Sales Order: Fri

JC NO.: 305228108

OMER IS OMER NO. 7010045 ADDRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 (R) (O) (P) DUMENT CARD NO.	REGN NO.: SHC8001J	MILEAGE
	MAKE: MERCEDES BENZ	FUEL E.....1/2.....F
	MODEL E220CDI (E6)	DATE/TIME IN 19.10.2018 13:15
	YR OF MANU 06.05.2015	TARGET DATE
	CHASSIS CODE WDD2120012B159927	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 19.10.2018
NATURE: 3P 19.10.18



KEYED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Check-out Slip

Exit Pass

Job No.: SHC8001J LIMTS

Vehicle No.: SHC8001J

Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard