

15/5/2010

INS. CASE OWNER:

CC³/EQI1802

0888, k1p23

LKK:

IDAC:

Surveyor:

Kalin

DOI:

ASSIGNMENT

16/11/18

Date / Time :

16/11/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

SLH 8328T

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

D.O.A :

15/11/18

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 7707E

INSRS:
WSP:
Tel :
Liability :
RMKS:CMT
mINSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
SHA 7707E - X	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)	☐
	After call ltr to OI:	☐
	Authorisation To Act:	☐
	Release Voucher:	☐
	Final Repair Bill:	☐
	Car Rental Invoice:	☐
	Towing Invoice	☐
	LTA / GIA :	☐
Medical Bill:	☐	
PIR:	☐	
Mandate/Reject Instruction:	☐	
LOD	☐	
Payment Breakdown Form:	☐	
Post-Repair Photos:	☐	
Others:	☐	
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 ☐ Call ☐		
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 ☐ Call ☐		
Payee 1:	S\$	Name 1:
Payee 2: (Strike if N.A.)	S\$	Name 2:
Payee 3: (Strike if N.A.)	S\$	Name 3:

Surveyor: Kalvin

REF: _____

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Insp'd 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

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

CA / REV / REP. / 24 HRS

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

Date / Time	Action / Instruction

Date/Time, File Pass to?

☐ : Preli. 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. ____ \$

Photos

Others

TOTAL

Veh No: SHA 730JE Yr Regn: 7 Aug, 2014

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

Truck / Trailer or

Make: Hyundai Ix0 c.c. 1685

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

Sp. Reading: 502769 T/Radio: Ins Std / NI / NA

Eng/No: _____

C/No: K MHLB416454056279

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/60R16

R: _____

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

TOYO / YOKO or Cakya

Front Rear

R/Bal. 7 mm R/Bal. 7 mm

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

D.O.A. 15/11/14 D.O.I. 16/11/14

Survey held at CDGE (Loyang)

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

Rear n/s.

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

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

JC NO.: 305239574

TOMER COMFORT TRANSPORTATION PTE LTD 7010045 TOMER NO. 383 SIN MING DRIVE Singapore SINGAPORE 575717 RESS 65508755 (R) (P)		REGN NO.: SHA7303E	MILEAGE
		MAKE : HYUNDAI	FUEL E.....1/2.....F
		MODEL I-40	DATE/TIME IN 15.11.2018 13:50
		YR OF MANU 07.08.2014	TARGET DATE
		CHASSIS CODE KMLB41UMEU056279	COMPLETION DATE/TIME:

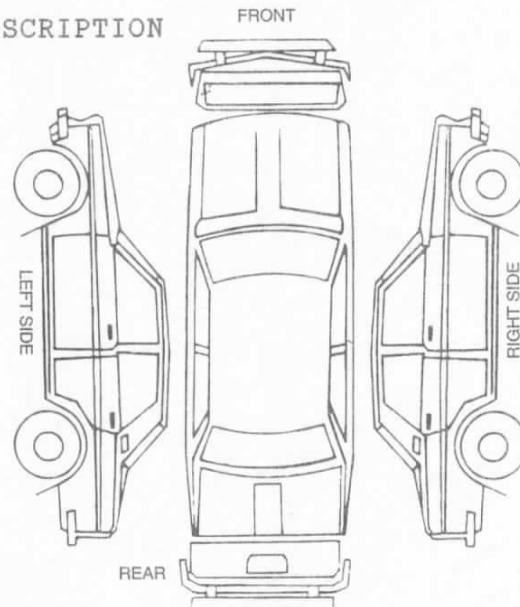
COUNT CARD NO.

JOB DESCRIPTION

Accident Date: 15.11.2018
NATURE: 3P 15.11.2018

S/NO LABOR CODE

DESCRIPTION



CKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

wledgement Slip

Exit Pass

No.: SHA7303E

LKE

Vehicle No.: SHA7303E

of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard