

INS. CASE OWNER:

CC 3, CTI 180

2681, Kfa3

LKK:

IDAC:

Surveyor:

Amk

DOI:

12/1/18

Date / Time:

12/1/18

Registered in Merimen:

Pre-assign / CCU / FTE

GBJ 241 4



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP: 16/1/18

Make / Model :

Excess Sec II :SS

D.O.A : 16/1/18

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 9150 R



INSRS:

WSP:

Tel :

Liability :

RMKS:

one copy.



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SHA 9150 R - CC3/601/8008087/K16392, BOA: 1/5/18  
- CS/PA1/7023132/K0602, BOA: 30/1/18  
AGJ 2414, X

STAGE

DATE / PIC

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 + LOI ☐

[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:

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

Surveyor: Kelvin

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 Rpt: \_\_\_\_\_ 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

| Date / Time | Action / Instruction |
|-------------|----------------------|
|             |                      |
|             |                      |
|             |                      |
|             |                      |
|             |                      |
|             |                      |
|             |                      |
|             |                      |
|             |                      |

Veh No: SHA 9150R Yr Regn: 8 Dec, 2016

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

Truck / Trailer or \_\_\_\_\_

Make: Hyundai 240 C.C. 1.685

Colour: Y/LB A/C: Ins 6 / Std / NI / NA

Sp. Reading: 319382 T/Radio: Ins 0 / Std / NI / NA

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

C/No: KMHLB414M49097135

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 / R/Rim or

Tyre Size: F: 205 / 60 R16

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

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

TOYO / YOKO or Hankook

Front \_\_\_\_\_ Rear \_\_\_\_\_

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

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

D.O.A. 16/12/18 D.O.I. 17/12/18

Survey held at CDGE (Loyang)

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

Front

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

CTZ  
P.P

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

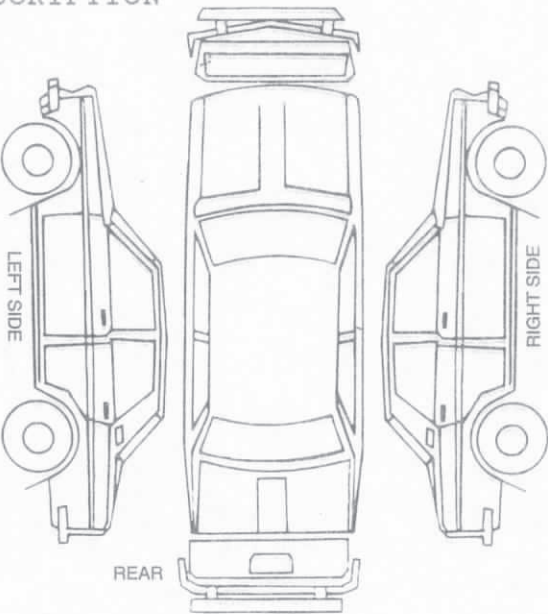
Others

TOTAL

|                            |                                |                               |                   |
|----------------------------|--------------------------------|-------------------------------|-------------------|
| Team: ARC Repair TP(CFS0)1 | <b>JOB CARD</b>                | Sales Order:                  | JC NO.: 305251615 |
| STOMER                     | REGN NO.: SHA9150R             | MILEAGE                       |                   |
| /MS CITYCAB PTE LTD        | MAKE : HYUNDAI                 | FUEL                          |                   |
| STOMER NO. 7010070         | MODEL I-40                     | E.....1/2.....F               |                   |
| DRESS 383 SIN MING DRIVE   | YR OF MANU 08.12.2016          | DATE/TIME IN 16.12.2018 12:30 |                   |
| Singapore SINGAPORE 575717 | CHASSIS CODE KMHLB41UMHU097185 | TARGET DATE                   |                   |
| 65551188                   |                                | COMPLETION DATE/TIME:         |                   |
| (R) (P)                    |                                |                               |                   |
| COUNT CARD NO.             |                                |                               |                   |

JOB DESCRIPTION

Accident Date: 16.12.2018  
NATURE: 3P 16.12.2018

| S/NO | LABOR CODE | DESCRIPTION | FRONT                                                                               |
|------|------------|-------------|-------------------------------------------------------------------------------------|
|      |            |             |  |

CHECKED & PASSED OUT BY: \_\_\_\_\_

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHA9150R CHIANG

Vehicle No.: SHA9150R

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard