

15/5/2010

CC 4/AIG1802 2417, N chb

LKK:
IDAC:

INS. CASE OWNER:

Surveyor: MZ DOI: 21/11/08 Date / Time: 11/11/08
Registered in Merimen: 21/11/08

Pre-assign / CCU / FTE



Insured Vehicle No. : SK 2128X
Name of Insured : _____
Insured Tel No. : _____ HP: _____
Excess Sec II :SS _____ D.O.A : 21/11/08
Is driver the owner? (YES / NO) Nature of Accident : _____

Claim No. : _____
Policy No. : _____
Make / Model : _____
Place 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

SK 8505K



INSRS: CODE
WSP: W
Tel : _____
Liability : _____
RMKS: _____



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



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



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

Date/ Time	STAGE	DATE / PIC
<u>21/11/08</u>	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"/>
	After call ltr to OI:	<input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/>
	LOD	<input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____ Confirm 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: NAZ

REF: ALG

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect 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.

X X X

N/S	O/S

Bal. or Market Value: _____
 IDAC Accident Report: _____ Consistent? : Yes or No
 CIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 2 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: S11 8505R Yr Regn: 29 JUN 2017
 Type: M.Car / M.Cycle / BUS / Van / Lorry / ~~Taxi~~ / Prime Mover /
 Truck / Trailer or _____
 Make: TOYOTA / ALUC / MY 2010 c.c. 1798
 Colour: BLUE A/C: Insur. d / Std / NI / NA
 Sp. Reading: 23,879 T/Radiq: Insured / Std / NI / NA
 Eng/No: _____
 C/No: JT DKB3P4803560930
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or
 Brake: Inorder / Jammed / Leaked / Burnt or
 Modl: NII / S/Rim / STD / RIM or
 Tyre Siz: F: 195 / 65 R15
 R: 11

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or W.P. LAKE
 Front 5 mm R/Bal. 5 mm
 L/Bal. 5 mm U/Bal. 8 mm
 D.O.A. 20/12/18 U.O.i. 21/12/18
 Survey held at CDGE LOYANG
 Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision

Date / Time	Action / Instruction

Date/Time, File Pass to? : Preli Report
 : Final Report

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

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

Days Of Repair: _____
 Resurvey No. of Trip: _____ Survey Fee: _____
 Transportation: _____
 Add Fee: : Site Insp (\$ _____) S + RS _____
 : Interview (\$ _____) Photos
 : Tech. Inv (\$ _____) Others
 : Weekend (\$ _____)
 TOTAL _____

415 PIP

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order: 3883884

JC NO.: 305252998

CUSTOMER

COMFORT TRANSPORTATION PTE LTD
7010045
383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755 (O)
L. (R) (P)

SCOUNT CARD NO.

REGN NO.: SH 8505R	MILEAGE
MAKE : TOYOTA	FUEL E.....1/2.....F
MODEL PRIUS HYBRID(G4)	DATE/TIME IN 20.12.2018 12:45
YR OF MANU. 29.06.2017	TARGET DATE
CHASSIS CODE JTDKB3FU803560930	COMPLETION DATE/TIME:

JOB DESCRIPTION

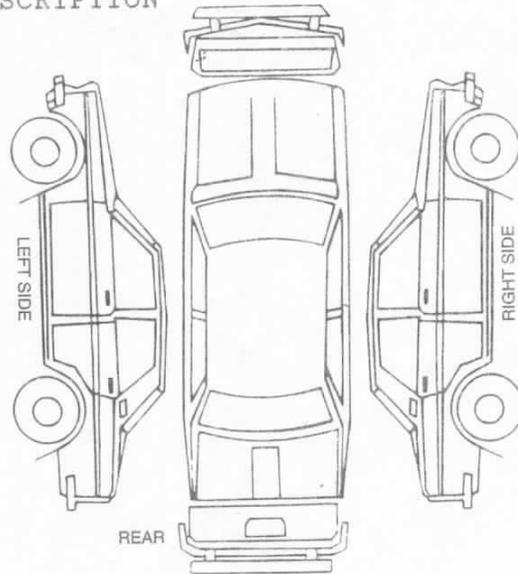
Accident Date: 20.12.2018
NATURE: 3P 20.12.18/B

S/NO

LABOR CODE

DESCRIPTION

FRONT



CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Name: _____
No.: _____
Vehicle No.: SH 8505R FZ AIG

Exit Pass

Vehicle No.: SH 8505R

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

to be returned to Service Reception upon collection

To be kept by Security Guard