

INS. CASE OWNER:

CC 3, 011 180 23070, K1paz

LKK:

IDAC:

Surveyor:

Amk

DOI:

ASSIGNMENT

21/1/18

Date / Time :

21/1/18

Registered in Merimen:

Pre-assign / CCU / FTE

STC 7888A



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :SS

D.O.A : 21/1/18

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

STC 8514 X



INSRS:

WSP:

Tel :

Liability :

RMKS:

CD 2610445



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

STC 8514 X - NO LTR (AS 18306 / 1/1/18) : DOA 21/1/18
- CC 3/1/18 6002446 / 1/1/18 : DOA 21/1/18

STC 7888A - 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\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

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: 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 _____

at _____

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

Date/Time, File Pass to?

☐ : Prel. 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: _____

____ S + RS ____ SI

Photos

Others

TOTAL

Veh No: SHC 8514X

Yr Regn: 02 Oct 2015

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

Truck / Trailer or

Make: Hyundai Ix6

C.C. 1685

Colour: Blue

A/C: Insured / Std / HI / NA

Sp. Reading: 472028

T/Radio: Insured / Std / HI / NA

Eng/No: _____

C/No: KMHCB414M4079520

Gen. Cond: Good / F6 / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STQ / AB / Rim or

Tyre Size: _____

F: 205/60R16

R: _____

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

TOYO / YOKO or Carpon

Front

Rear

R/Bal. 7 mm

R/Bal. 7 mm

L/Bal. 7 mm

L/Bal. 7 mm

D.O.A. 21/12/18

D.O.I. 24/12/18

Survey held at C D G E (Loyang)

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

Front o/s.

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

CT2

4/1

1: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305253500

COMFORT TRANSPORTATION PTE LTD
NO. 7010045
383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755 (O)

ARD NO.

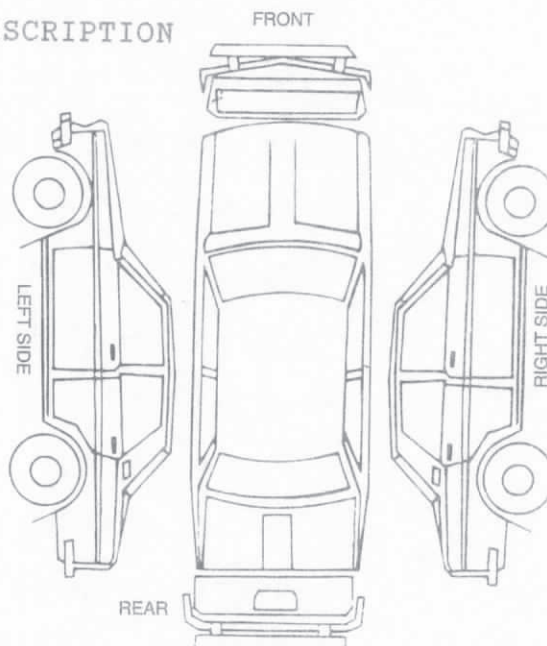
REGN NO.: SHC8514X	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 22.12.2018 09:40
YR OF MANU. 22.10.2015	TARGET DATE
CHASSIS CODE KMHLB41UMGU079520	COMPLETION DATE/TIME:

JOB DESCRIPTION

ident Date: 21.12.2018
URE: 3P 21.12.18

LABOR CODE

DESCRIPTION



PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ent Slip

Exit Pass

SHC8514X

JU CHINA

Vehicle No.:

SHC8514X

r Advisor

Signature/Date

Name of Service Advisor

Date

o Service Reception upon collection

To be kept by Security Guard