

INS. CASE OWNER:

CC 3, 601, 9000 178, Meas

LKK:

IDAC:

Surveyor: AWK

ASSIGNMENT
DOI: 2/1/19

Date / Time: 2/1/19

Registered in Merimen: _____

Pre-assign / CCU / FTE

GBE 6128 B



Insured Vehicle No. : _____

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :SS _____ D.O.A: 28/12/2018

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

SH 9438 U



INSRS: _____
WSP: 0000 1044
Tel : _____
Liability : _____
RMKS: _____



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



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



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

| Date/ Time | STAGE | DATE / PIC | |
|---|---|--------------------------|--------------------------|
| <u>SH 9438 U - CC3 / P21 600 1375 / 107601 ; DDA: 20/1/16</u> <u>- CC3 / LOR 1700 8263 / 4126392 ; DDA: 27/4/17</u> <u>GBE 6128 B - X</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"/> | <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"/> | |

| | | |
|---|--|--------------------------|
| PRELIMINARY ADVICE Date/Time: _____ Sent By: _____ | Post-Repair Photos: <input type="checkbox"/> | <input type="checkbox"/> |
| Others: <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____ | Email <input type="checkbox"/> Call <input type="checkbox"/> | |
| Repair Cost: S\$ _____ (_____ days) Reduction: _____ % | | |
| 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 + LOI <input type="checkbox"/> [Tick only one] | | |
| GIA/LTA Search S\$ _____ | | |
| Medical: S\$ _____ | 1) Claim status: Normal/Reject/Private Settle | |
| Disbursement: S\$ _____ (e.g. Tow/ Independent) | 2) Report Format: _____ | |
| Legal Cost S\$ _____ | 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: _____ | | |

Inspector: Kelvin

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Insp'd Vehicle No: _____

at Workshop rms _____

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.

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| N/S | O/S |
| <input type="checkbox"/> | <input type="checkbox"/> |

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

Veh No: SH 943 84 Yr Regn: 29 Dec, 2016

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

Truck / Trailer or

Make: Hyundai I40 C.C. 1685

Colour: Blue A/C: Insured / Std / HI / NA

Sp. Reading: 25 6857 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMH LB414MH4097370

Gen. Cond: Good / Gr / Poor / Burnt

Steering: Inord Gr / Jammed / Leaked / Burnt or

Brake: Inord Gr / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205 / 60 R16

R: _____

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

TOYO / YOKO or Hooker

Front _____ Rear _____

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

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

D.O.A. 28/12/18 D.O.I. 21/19

Survey held at C D G E (Layang)

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

Front ds.

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

| Date / Time | Action / Instruction |
|-------------|----------------------|
| | <u>ER</u> |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

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

1) : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech. Invs (\$ _____)

: Weekend (\$ _____)

Report Format: _____

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

| | |
|-----------------|-------|
| Survey Fee: | _____ |
| Transportation: | _____ |
| \$ + RS. SI | _____ |
| Photos | _____ |
| Others | _____ |

| | | | |
|---|-----------------|--|---|
| Team: ARC Repair TP(CLSO)1 OMER IS COMFORT TRANSPORTATION PTE LTD OMER NO. 7010045 IEISS 383 SIN MING DRIVE Singapore SINGAPORE 575717 (R) 65508755 (O) (P) OUNT CARD NO. | JOB CARD | Sales Order: | JC NO.: 305256202 |
| <div style="font-size: 2em; font-family: cursive;">EQ INS</div> | | REGN NO.: SH 9438U | MILEAGE |
| | | MAKE: HYUNDAI | FUEL E.....1/2.....F |
| | | MODEL I-40 | DATE/TIME IN 02.01.2019 09:45 |
| | | YR OF MANU. 29.12.2016 | TARGET DATE |
| | | CHASSIS CODE KMHLB41UMHU097370 | COMPLETION DATE/TIME: |

JOB DESCRIPTION

Accident Date: 28.12.2018
 NATURE: 3P 28.12.2018

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

CKED & PASSED OUT BY: _____

 SERVICE ADVISOR CUSTOMER'S SIGNATURE

Wedge Slip
 No.: **SH 9438U** **LKE**
 Signature/Date: *[Handwritten Signature]*

Exit Pass
 Vehicle No.: **SH 9438U**
 Name of Service Advisor _____
 Date _____

returned to Service Reception upon collection To be kept by Security Guard