

15/5/2010

INS. CASE OWNER:

CC 4 / FWD1900

LKK:
IDAC:

Surveyor:

Tanliakh.

DOI:

ASSIGNMENT

Date / Time :

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

Name of Insured :

Insured Tel No. :

Excess Sec II :S\$

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



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC	
SHUANIA-4	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:	☐	☐	
PRELIMINARY ADVICE Date/Time: Sent By: Post-Repair Photos: ☐ Others: ☐			
FINALIZATION Date/Time: Confirm with: Confirm by: Email ☐ Call ☐			
Repair Cost: S\$ (days) Reduction: %			
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)	1) Claim status: Normal/Reject/Private Settle		
Legal Cost: S\$	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

Tayfun

REF:

FWD

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:

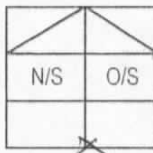
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.



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

Wp'

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SHC1921A

Yr Regn:

2018 / Sep

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

Truck / Trailer or

Make:

Hyundai Ioniq

C.C.

1580

Colour:

Blue

A/C:

Insured / Std / NI / NA

Sp.Reading

32062

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

KMHC85KV4107541

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

195/65R15

R:

22

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

TOYO / YOKO or

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

D.O.I.

7/1/17

Survey held at

Comfort Lodge

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

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

) S + RS SI

) Photos

) Others

) .

Report Format :

Lump Sum / I.B.I: (\$

TOTAL

Date/Time: 07.01.2019 10:13

Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order: 3887837

JC NO.: 305257291

OMER	REGN NO.: SHC1921A	MILEAGE
IS COMFORT TRANSPORTATION PTE LTD	MAKE: HYUNDAI	FUEL
OMER NO. 7010045	MODEL IONIQ(G2)	E.....1/2.....F
IESS 383 SIN MING DRIVE	YR OF MANU. 13.09.2018	DATE/TIME IN 05.01.2019 12:15
Singapore SINGAPORE 575717	CHASSIS CODE KMH851CVKU107541	TARGET DATE
(R) 65508755 (O)		COMPLETION DATE/TIME:
(P)		
OUNT CARD NO.		

JOB DESCRIPTION

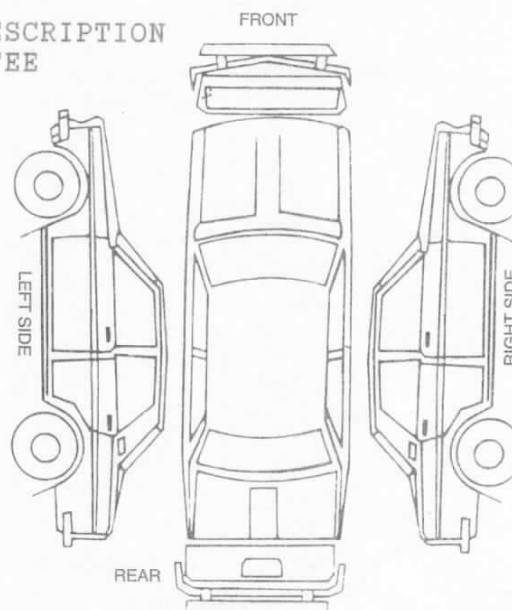
Accident Date: 05.01.2019

NATURE: 3P 05.01.19

S/NO
00010

LABOR CODE
23-01

DESCRIPTION
TOWING FEE



KED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

No.: SHC1921A

JU FWD

Vehicle No.:

SHC1921A

Service Advisor

Signature/Date

Name of Service Advisor

Date

turned to Service Reception upon collection

To be kept by Security Guard