

15/5/2010

INS. CASE OWNER:

CC 4 / LPC1900 1014, Njob

LKK:  
IDAC:

Surveyor: NKZ DOI: 26/1/19 Date / Time: 26/1/19  
Registered in Merimen: \_\_\_\_\_

Pre-assign / CCU / FTE



Insured Vehicle No. : SFX 7090L  
Name of Insured : \_\_\_\_\_  
Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_  
Excess Sec II :SS \_\_\_\_\_ D.O.A : 27/1/19  
Is driver the owner? ( YES / NO ) Nature of Accident : \_\_\_\_\_

Claim No. : 18/19/19/4pus/02369  
Policy No. : \_\_\_\_\_  
Make / Model : \_\_\_\_\_  
Place 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

SHC 7201A → → → → → → → → → →



INSRS: \_\_\_\_\_  
WSP: WDE  
Tel: W  
Liability: \_\_\_\_\_  
RMKS: \_\_\_\_\_



INSRS: \_\_\_\_\_  
WSP: \_\_\_\_\_  
Tel: \_\_\_\_\_  
Liability: \_\_\_\_\_  
RMKS: \_\_\_\_\_



INSRS: \_\_\_\_\_  
WSP: \_\_\_\_\_  
Tel: \_\_\_\_\_  
Liability: \_\_\_\_\_  
RMKS: \_\_\_\_\_



INSRS: \_\_\_\_\_  
WSP: \_\_\_\_\_  
Tel: \_\_\_\_\_  
Liability: \_\_\_\_\_  
RMKS: \_\_\_\_\_

Date/ Time	STAGE	DATE / PIC	
<u>SHC 7201A</u> <u>SFX 7090L</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:		
	<b>Documentation Check List:</b>		<b>Handler</b> <b>Typist</b>
	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: \_\_\_\_\_ 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 (S x \_\_\_\_\_ days)  
Loss of Income (LOI): \$S (S x \_\_\_\_\_ days)

LOR only  LOU only  LOR + LOU  LOR + LO  [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: \_\_\_\_\_ Email  Call

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: \_\_\_\_\_



**Workshops**

59 Loyang Drive Singapore 508969  
 383 Sin Ming Drive Singapore 575717  
 45 Pandan Road Singapore 809286  
 220 Ubi Road 3 Singapore 408699

24 Senoko Loop Singapore 758156  
 7 Sungei Kadut Way Singapore 728791  
 501 Yishun Industrial Park A Singapore 768732

member of COMFORTDELGRO

Date/Time: 28.01.2019 14:16 Page : 1

Team: ARC Repair TP(CFSO)1

### JOB CARD

Sales Order: 3893953

JC NO.: 305263973

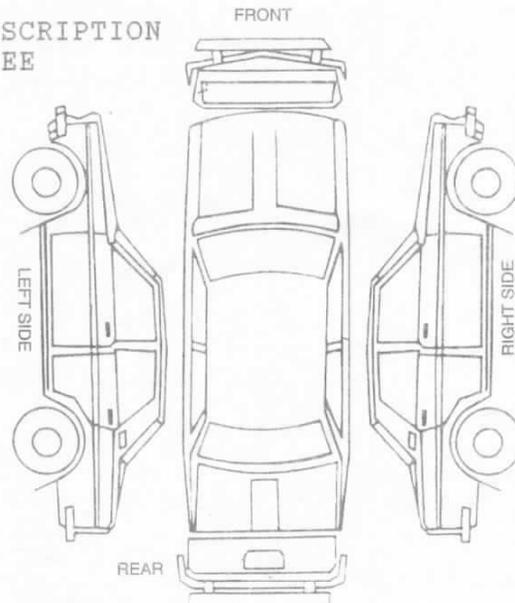
OMER  IS CITYCAB PTE LTD OMER NO. 7010070 IEISS 383 SIN MING DRIVE Singapore SINGAPORE 575717 (R) 65551188 (O) (P)	REGN NO.: SHC7301A	MILEAGE
	MAKE: HYUNDAI	FUEL E.....1/2.....F
	MODEL I-40	DATE/TIME IN 27.01.2019 21:30
	YR OF MANU. 11.08.2016	TARGET DATE
	CHASSIS CODE KMHLB41UMGU092651	COMPLETION DATE/TIME:
	DUNT CARD NO.	

JOB DESCRIPTION

Accident Date: 27.01.2019  
 NATURE: 3P 27.01.19 -

S/NO LABOR CODE  
 000010 23-01

DESCRIPTION  
 TOWING FEE



BOOKED & PASSED OUT BY: \_\_\_\_\_

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

No.: SHC7301A JU LONPAC

Vehicle No.: SHC7301A

Signature of Service Advisor

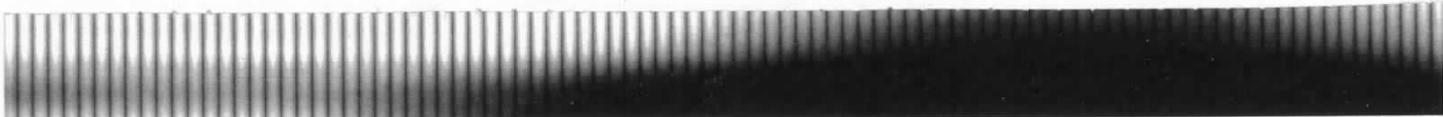
Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard



## JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition		
1. Date: <u>27-1-19</u> Time Received: <u>2130</u> 2. <input type="checkbox"/> New <input type="checkbox"/> SPARK Kakis Name of Customer : <u>M L YAP</u> Contact No. : <u>90017715</u> Vehicle No. : <u>SHC #301A</u> Make / Model / Colour : <u>140</u> Email : _____	3. Vehicle Type: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Taxi (CTPL/CCPL) <input type="checkbox"/> Fleet <input type="checkbox"/> STK (Boon Lay)	4. Type of Towing: <input checked="" type="checkbox"/> Normal Tow <input type="checkbox"/> King Dolly <input type="checkbox"/> Flat Bed <input type="checkbox"/> Crane-up
7. Location: <u>682C W/land DR #3</u>	8. Vehicle Tow - In Workshop: <input type="checkbox"/> Smoky Exhaust <input type="checkbox"/> Wheel Jammed <input type="checkbox"/> Overheating <input type="checkbox"/> Steering Faulty <input type="checkbox"/> Brake Faulty <input type="checkbox"/> Alternator Faulty <input type="checkbox"/> Starting Problem <input type="checkbox"/> Loss Power <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Engine Stalled <input type="checkbox"/> Return Taxi	
9. Preferred Workshop: <input type="checkbox"/> Braddell <input checked="" type="checkbox"/> Loyang <input type="checkbox"/> Pandan <input type="checkbox"/> Sin Ming <input type="checkbox"/> Sungei Kadut <input type="checkbox"/> Ubi <input type="checkbox"/> Senoko <input type="checkbox"/> Komoco (UBI / Leng Kee) <input type="checkbox"/> Cycle & Carriage (PD) <input type="checkbox"/> Others: _____	10. Odometer Reading : _____ Fuel Level : <input type="checkbox"/> F <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> E	11. Radio / CD Player <input type="checkbox"/> OK <input type="checkbox"/> Faulty <input type="checkbox"/> Not tested
<b>Job Attended</b>		
12. Tow Truck / Recovery Van : <input type="checkbox"/> VRS <input type="checkbox"/> QA <input type="checkbox"/> STD <input checked="" type="checkbox"/> TZ <input type="checkbox"/> IRS <input type="checkbox"/> OTHERS Name of Driver : <u>JIM</u> Vehicle No. : <u>GUS5664</u> Time Dispatch : _____ Time of Arrival : _____ Time Completed : _____		 #: Cracked X: Dented /: Scatched O: Missing <u>[Signature]</u> Signature of Customer
<b>Cash Invoice Details (if applicable)</b>		
13. Cash Invoice No. : _____		
<b>Customer Acknowledgement</b>		
a. I have been advised to remove all valuable items in my vehicle, including Global Positioning System (GPS), audio compact disk, thumbdrive, carpark coupons, cash cards, spectacles, pen, etc. b. I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses. c. Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.		
<u>27-1-19</u> Date	<u>2140</u> Time	<u>[Signature]</u> Signature of Customer
<b>14. WORKSHOP</b>		
_____ Name of Attending Staff/Guard	_____ Date & Time of Arrival	_____ Signature of Attending Staff/Guard