

15/5/2010

INS. CASE OWNER:

Lynn Khoy CC 4, Ass 1900 2349, Nf3

LKK:

IDAC:

97188

Surveyor:

Na2

DOI:

ASSIGNMENT

Date / Time :

Registered in Merimen:

Pre-assign / CCU / FTE

SDU 6880D



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :SS

D.O.A :

Place of Accident :

Is driver the owner? (YES / NO)

Nature 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

SH7705



INSRS:

WSP:

Tel :

Liability :

RMKS:

Cable
log

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SH7705 - CC3/C7, 170 13793/Kha3n2; 008: 11/9/17
CC3/11015010666/17/17/17; 008: 23/6/17
SDU 6880D - CC3/11015010666/17/17/17; 008: 23/6/17

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:

REF: AXA JU

Surveyor: NAZ

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. _____

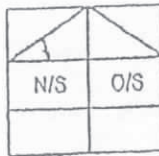
Sum Insured: _____ Excess: _____

(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 Report: _____ Consistent? : Yes or No

GIA / 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: 51477205 Yr Regn: 18 OCT 2018

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

Truck/Trailer or

Make: 144WDA1 10N1Q(G2) c.o. 1,500

Colour: BLUE A/C: Insured/Std/NI/NA

Sp. Reading: 23,577 T/Radio: Insured/Std/NI/NA

Eng/No: _____

C/No: KMH C851CVK 114775

Gen. Cond: Good/Fair/Poor/Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: NII / S/Rim / STD A/Rim or

Tyre Size: F: 195/65 R15

R: 11

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

TOYO/YOKO or HANKOOK

Front	Rear
R/Bal. <u>5</u> mm	R/Bal. <u>5</u> mm
L/Bal. <u>5</u> mm	L/Bal. <u>5</u> mm
D.O.A. <u>412/19</u>	D.O.I. <u>812/19</u>

Survey held at EDGE LOYANG

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

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

AXA PIP

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Prelim 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 (\$ _____) \$ + RS \$ _____

☐ : Interview (\$ _____) Photos

☐ : Tech. Invo (\$ _____) Others

☐ : Weekend (\$ _____)

TOTAL

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305266371

OMER

IS COMFORT TRANSPORTATION PTE LTD

OMER NO. 7010045

IESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717

(R) 65508755

(O)

(P)

JUNT CARD NO.

REGN NO.:

SH 7720S

MILEAGE

MAKE:

HYUNDAI

FUEL

E.....1/2.....F

MODEL

IONIQ(G2)

DATE/TIME IN

04.02.2019 12:05

YR OF MANU.

18.10.2018

TARGET DATE

CHASSIS CODE

KMHC851CVKU114775

COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 04.02.2019

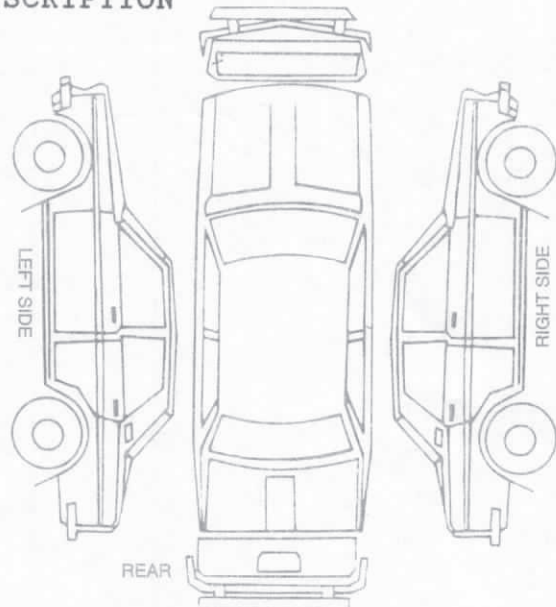
NATURE: 3P 04.02.19 -

S/NO

LABOR CODE

DESCRIPTION

FRONT



REAR

WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

No.: SH 7720S

JU AXA

Vehicle No.:

SH 7720S

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard