

15/5/2010

INS. CASE OWNER:

Petaf

CC

RSM

AXA1900

4025, Npb3

LKK:

IDAC:

Surveyor:

NAB

DOI:

ASSIGNMENT

5/2/11

Date / Time:

5/2/11

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SHD 642G

Claim No.:

SAMOLEP4/10238

Name of Insured:

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II : \$\$

D.O.A.:

5/2/11

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

SHA 9073E



INSRS:

WSP:

Tel:

Liability:

RMKS:

COGE

W



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

SHA 9073E - 8

SHD 642G - 4

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:

Repair Cost:

\$\$

(

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:

\$\$

Loss of Rental (LOR):

\$\$

(

days)

Loss of Use (LOU):

\$\$

(\$

x

days)

Loss of Income (LOI):

\$\$

(\$

x

days)

LOR only ☐ LOU only ☐LOR + LOU ☐LOR + LO ☐

[Tick only one]

GLA/LTA Search

\$\$

Medical:

\$\$

Disbursement:

\$\$

(e.g. Tow/ Independent)

Legal Cost

\$\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

Total:

\$\$

Global Sum \$\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

\$\$

Name 1:

Payee 2: (Strike if N.A.)

\$\$

Name 2:

Payee 3: (Strike if N.A.)

\$\$

Name 3:

Surveyor

NA2

REF:

ASM

Ju

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No: SHA 9073E

at Workshop m/s CDGE

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:

2

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Preli. Report

1)

Date/Time, File Return to?

☐

: Final Report

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: SHA 9073E

Yr Regn: 9 OCT 2014

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

Truck / Trailer or

Make: HYUNDAI 140

C.C 1685

Colour: YELLOW

A/C: Insured / Std / NI / NA

Sp. Reading: 451353

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KMHLB4JUM E061611

Gen. Cond: Good (Fair) / Poor / Burnt

Steering: (Inorder) / Jammed / Leaked / Burnt or

Brake: (Inorder) / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim (STD) / Rim or

Tyre Size:

F:

205/60 R16

R:

11

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

TOYO / YOKO or

WESTLAKE

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

213119

D.O.I.

513119

Survey held at

CDGE

LOYANG

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

REAR

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

ASM LIS

Workshops

59 Loyang Drive Singapore 508369
363 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 608286

24 Serangoon Road Singapore 758158
7 Sungai Kadut Way Singapore 728791
501 Yishun Industrial Park A Singapore 768732

Member of COMFORTDELGRO

Date/Time: 04.03.2019 16:30

Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order:

JC NO.: 305274103

MER

CITYCAB PTE LTD
7010070

MER NO.

SS

383 SIN MING DRIVE
Singapore SINGAPORE 575717
65551188 (O)

(R)

(P)

UNT CARD NO.

REGN NO.:

SHA9073E

MILEAGE

MAKE :

HYUNDAI

FUEL

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

MODEL

I-40

DATE/TIME IN

04.03.2019 10:40

YR OF MANU.

09.10.2014

TARGET DATE

CHASSIS CODE

KMHLB41UMEU061611

COMPLETION DATE/TIME:

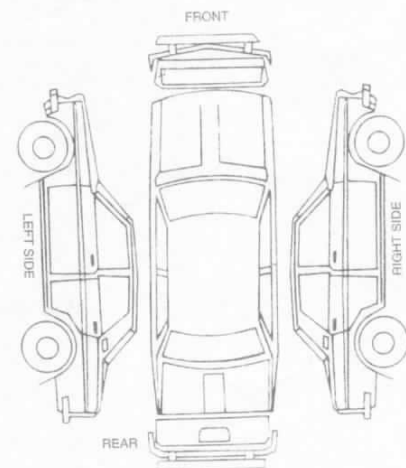
JOB DESCRIPTION

Accident Date: 02.03.2019
NATURE: 3P 02.03.19 -

S/NO

LABOR CODE

DESCRIPTION



CKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

nowledgement Slip

Exit Pass

No.:

SHA9073E

JU AXA

Vehicle No.:

SHA9073E

of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard