

15/5/2010

INS. CASE OWNER:

Lynbia

CCP ASM AXA1900 4243, K2fbh

LKK: IDAC:

Surveyor:

kalvin

ASSIGNMENT DOI: u/n/cn

Date / Time : 11/7/10 Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SLV2403A

Claim No. : 5901682/102404

Name of Insured :

Policy No. :

Insured Tel No. : HP: u/n/cn

Make / Model :

Excess Sec II : SS D.O.A. : u/n/cn

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

SNC 7949G



INSRS: WSP: WBE Tel: W Liability: W RMKS:



INSRS: WSP: Tel: Liability: RMKS:



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INSRS: WSP: Tel: Liability: RMKS:

Date/Time	STAGE	DATE / PIC
SNC 7949G-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)	<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"/>
	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>
PRELIMINARY ADVICE Date/Time:	Sent By:	
FINALIZATION Date/Time:	Confirm with:	
Repair Cost: S\$	(days) Reduction: %	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT Date/Time:	Confirm with	
Final Liability: %	(Agreed / Assessed) BOLA S/N No. :	
Repair Cost: S\$	If NO or B 28, Ass. Lia :	
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 + LO <input type="checkbox"/> [Tick only one]	
GIA/LTA Search	S\$	
Medical:	S\$	
Disbursement:	S\$ (e.g. Tow/ Independent)	
Legal Cost	S\$	
Total:	Global Sum S\$:	
FINAL PAYMENT Date/Time:	Confirm with	
Payee 1:	S\$	Name 1:
Payee 2: (Strike if N.A.)	S\$	Name 2:
Payee 3: (Strike if N.A.)	S\$	Name 3:

Surveyor: KGM

REF:

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MYA
 Insp Vehicle No: _____
 Workshop m/s: _____
 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"/>

Gal. or Market Value: _____
 IDAC Accident Report: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: _____ days Res.: Yes or No
 Lum Sum: _____ % J Val: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SHC 79499 Yr Regn: 16 Apr 2015
 Type: M. Car / M. Cycle / Bus / Van / Lorry / T/O / Prime Mover /
 Truck / Trailer or _____
 Make: Hyundai cc 1685
 Colour: slbr A/C: Insured / Std / Nil / NA
 Sp. Reading: 651163 T/Radio: Insured / Std / Nil / NA
 Eng/No: _____
 C/No: KMHLB 414MF 406834
 Gen. Cond: Good / F / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or _____
 Brake: In order / Jammed / Leaked / Burnt or _____
 Modi: Nil / S/Rim / STD / Rim or _____
 Tyre Size: F: 205/60R16
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or MaxxRide
 Front R/Bal: 6 mm Rear R/Bal: 6 mm
 L/Bal: 6 mm L/Bal: 6 mm
 D.O.A. 6/3/19 D.O.I. 11/3/19
 Survey held at CDGE (Layang)
 Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooflop or
o/s Front
 The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	AA
	4

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

Days Of Repair: _____
 Resurvey No. of Trip: _____

Add Fee: Site Insp \$ _____
 Inter View \$ _____
 Tech \$ _____

Survey Fee: _____
 Transportation: _____
 S-RS \$ _____
 Other: _____
 Other: _____

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order:

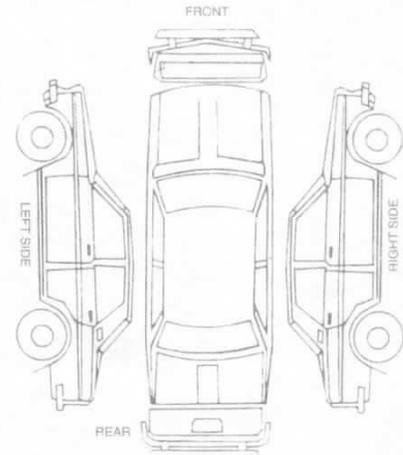
JC NO.: 305276209

OWNER CITYCAB PTE LTD 7010070 OWNER NO. 383 SIN MING DRIVE ESS Singapore SINGAPORE 575717 65551188 (R) (O) (P) UNIT CARD NO.	REGN NO.:	SHC7949G	MILEAGE
	MAKE :	HYUNDAI	FUEL E.....1/2.....F
	MODEL	I-40	DATE/TIME IN 11.03.2019 11:00
	YR OF MANU	16.04.2015	TARGET DATE
	CHASSIS CODE	KMHLB41UMFU068354	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 06.03.2019
NATURE: 3P 06.03.19

S/NO LABOR CODE DESCRIPTION



RECEIVED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Work Order / Edgement Slip

Exit Pass

No.: SHC7949G LIMITS

Vehicle No.: SHC7949G

Service Advisor

Signature/Date

Name of Service Advisor

Date