

15/5/2010

INS. CASE OWNER:

Sawthorne | CCY ^{AGM} / AXA1900 4850, KJ JB3

LKK:
IDAC:

Surveyor: FWin DOI: 18/7/10 Date / Time: 18/7/10
Registered in Merimex: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SAC 57871
Name of Insured : _____
Insured Tel No. : _____ HP: _____
Excess Sec II : \$\$ D.O.A: 16/7/10

Claim No. : SAMUHL9W (104680)
Policy No. : _____
Make / Model : _____
Place of Accident : _____

Is driver the owner? (YES / NO) Nature 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

SAC 26610



INSRS: WBE
WSP: M
Tel : _____
Liability : _____
RMKS: _____



INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____

| Date/Time | STAGE | DATE / PIC |
|----------------------|---|--------------------------|
| <u>SAC 26610 - X</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: | |
| | Documentation Check List: Handler Typist | |
| | Notification ltr (if non-pickup) | <input type="checkbox"/> |
| | After call ltr to OI: | <input type="checkbox"/> |
| | Authorisation To Act: | <input type="checkbox"/> |
| | Release Voucher: | <input type="checkbox"/> |
| | Final Repair Bill: | <input type="checkbox"/> |
| | Car Rental Invoice: | <input type="checkbox"/> |
| | Towing Invoice: | <input type="checkbox"/> |
| | LTA / GIA : | <input type="checkbox"/> |
| | Medical Bill: | <input type="checkbox"/> |
| | PIR: | <input type="checkbox"/> |
| | Mandate/Reject Instruction: | <input type="checkbox"/> |
| | LOD | <input type="checkbox"/> |
| | Payment Breakdown Form: | <input type="checkbox"/> |
| | Post-Repair Photos: | <input type="checkbox"/> |
| | Others: | <input type="checkbox"/> |

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____ Confirm by: _____

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____
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]
GIA/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: _____

DATE/TIME

Surveyor: Kalvin

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspected Vehicle No: _____

at Workshop no: _____

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.

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| N/S | O/S |
| <input type="checkbox"/> | <input type="checkbox"/> |

Est. 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: _____ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SHA 2 6610 Yr Regn: 30 May 2017

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

Truck / Trailer or _____

Make: Toyota Prius cc 1700

Colour: Blue A/C: Insured / Std / Nil / NA

Sp. Reading: 239547 T/Radio: Ins / Std / Nil / NA

Eng/No: _____

C/No: J TOKB 3F4 60353 7363

Gen. Cond: Good / P / Poor / Burnt

Steering: Inop / G / Jammed / Leaked / Burnt or

Brake: Inop / G / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/65R15

R: _____

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

TOYO / YOKO or Davanti

Front _____ Rear _____

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. 16/5/17 D.O.I. 18/5/17

Survey held at C D G E (Loyang)

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

Rear d/s

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

| Date / Time | Action / Instruction |
|-------------|----------------------|
| | <u>AXA</u> |
| | <u>P/P</u> |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Date/Time, File Pass to? : Prell. Report

1) : Final Report

Date/Time, File Return to? _____

2) _____

3) _____

Region: _____

Days of Repair: _____

Resurvey No. of Trip: _____

Add Fee: : Site Insp \$ _____

: Interview \$ _____

: Rep. Insp \$ _____

: Test \$ _____

Survey Fee: _____

Transportation: _____

S + RS \$ _____

Photos _____

Other _____

674-60

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305278139

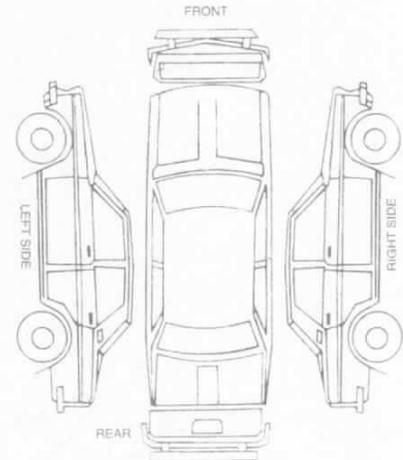
| | | | | | |
|--|---|--|--|---------------------------------------|--|
| OMER S OMER NO. ESS (R) (P) | COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 (O) | | REGN NO.: SHA2661D | MILEAGE | |
| | | | MAKE: TOYOTA | FUEL E.....1/2.....F | |
| | | | MODEL: PRIUS HYBRID(G4) | DATE/TIME IN: 16.03.2019 21:55 | |
| | | | YR OF MANU: 30.05.2017 | TARGET DATE | |
| | | | CHASSIS CODE: JTDKB3FU603557363 | COMPLETION DATE/TIME: | |
| | DUNT CARD NO. | | | | |

JOB DESCRIPTION

Accident Date: 16.03.2019

NATURE: 3P 16.03.2019

| S/NO | LABOR CODE | DESCRIPTION |
|------|------------|-------------|
|------|------------|-------------|



WORKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Recognition Slip

Exit Pass

No.: **SHA2661D** **JU AXA**

Vehicle No.: **SHA2661D**

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

