

19/5/2010

INS. CASE OWNER:

Richard

CC 4 ASM AXA1900 4951, 1-2-11-23

LKK: IDAC:

Surveyor:

Malvin

DOI:

ASSIGNMENT

18/7/10

Date / Time:

19/7/10

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

SHU5725Z

Claim No. :

SAMU1147 00496

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)

(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

SHU 71970



INSRS: WSP: Tel: Liability: RMKS:

WGE W



INSRS: WSP: Tel: Liability: RMKS:



INSRS: WSP: Tel: Liability: RMKS:



INSRS: WSP: Tel: Liability: RMKS:

Date/ Time	STAGE	DATE / PIC
SHU 71970 - 7	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:	
FINALIZATION Date/Time:	Confirm with:	
Repair Cost: \$\$	(days) Reduction: %	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT Date/Time:	Confirm with	
Final Liability: %	(Agreed / Assessed) BOLA S/N No. :	Email <input type="checkbox"/> Call <input type="checkbox"/>
Repair Cost: \$\$	If NO or B 28, Ass. Lia :	
Loss of Rental (LOR): \$\$	(days)	
Loss of Use (LOU): \$\$	(\$ x days)	
Loss of Income (LOI): \$\$	(\$ 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	\$\$	
Medical:	\$\$	
Disbursement:	\$\$ (e.g. Tow/ Independent)	
Legal Cost	\$\$	
Total:	Global Sum \$\$:	
FINAL PAYMENT Date/Time:	Confirm with:	
Payee 1:	Name 1: \$	
Payee 2: (Strike if N.A.)	Name 2: \$	
Payee 3: (Strike if N.A.)	Name 3: \$	

Surveyor: KG/MN

REF: _____

ASSIGNMENT

From _____ Date: _____
 Estimated Cost: _____
 OD/TP/HS/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.

N/S	O/S

Bal. 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: SHD 7197D Yr Regn: 17 Nov 2016
 Type: M. Car / M. Cycle / Bus / Van / Lorry / T/A / Prime Mover /
 Truck / Trailer or _____
 Make: Hyundai 240 c.c. 1600
 Colour: Blue A/C: Ins Gas / Std / Nil / NA
 Sp. Reading: 460078 T/Radio: Ins Gas / Std / Nil / NA
 Eng/No: _____
 C/No: KMHLB414MH409644
 Gen. Cond: Good / / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or _____
 Brake: In order / Jammed / Leaked / Burnt or _____
 Modi: Nil / S/Rim / STD / A/B or _____
 Tyre Size: F: 205/65R16
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____
 Front R/Bal. 6 mm Rear R/Bal. 6 mm
 L/Bal. 6 mm L/Bal. 6 mm
 D.O.A. 12/3/14 D.O.I. 12/3/14
 Survey held at C D G E (Loyang)
 Des. of Damages: Frl / Rear / O/S / N/S / U/C / Rooftop or
N/S Body
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction

AXA
PIP

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

1) : Final Report

Date/Time, File Return to?

2) _____

Region Points _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: Site Insp \$ _____

Interview \$ _____

Test \$ _____

_____ \$ _____

Survey Fee: _____

Transportation: _____

S-RS \$ _____

Photos _____

Other _____

674-60

member of COMFORTDELGRO

Date/Time: 18:03:2019 11:20

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305278219

DMER S DMER NO. ESS (R) (P)	COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 (O)	REGN NO.: SHD7197D	MILEAGE
		MAKE: HYUNDAI	FUEL E.....1/2.....F
		MODEL I-40	DATE/TIME IN 17.03.2019 14:50
		YR OF MANU 17.11.2016	TARGET DATE
		CHASSIS CODE KMHLB41UMHU096444	COMPLETION DATE/TIME:

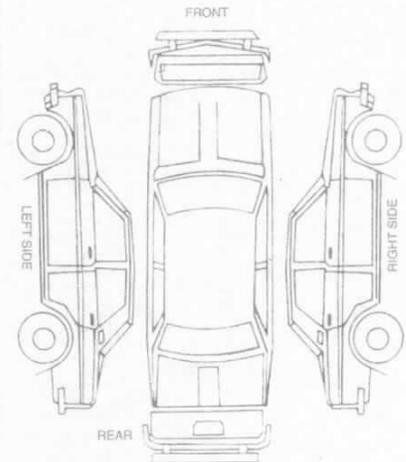
UNIT CARD NO.

JOB DESCRIPTION

Accident Date: 17.03.2019

NATURE: 3P 17.03.2019

S/NO	LABOR CODE	DESCRIPTION
●		



BOOKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

acknowledgement Slip

Exit Pass

No.: SHD7197D

JU AXA

Vehicle No.: SHD7197D

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

