

INS. CASE OWNER:

CC3, LTI 1900 5804, Nja3

LKK: IDAC:

Surveyor:

na2

DOI:

1/4/19

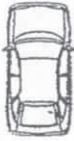
Date / Time :

1/4/19

Registered in Merimen:

Pre-assign / CCU / FTE

SHE 79236



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :SS D.O.A: 30/3/19

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

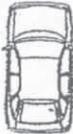
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SHE 79236

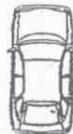
SHE 75622



INSRS: WSP: Tel: Liability: RMKS:



INSRS: WSP: Tel: Liability: RMKS:



INSRS: WSP: Tel: Liability: RMKS:



INSRS: WSP: Tel: Liability: RMKS:

Date/ Time

SHE 75622 - 001/AXA/13008028/11/16/303 - 00A - 29/4/19
SHE 79236 - NA / LTI (00566) / 34 : 00A - 30/3/19

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)	<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: 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 LOR + LOU LOR + LOI [Tick only one] GIA/LTA Search S\$ Medical: S\$ Disbursement: S\$ (e.g. Tow/ Independent) Legal Cost S\$ Total: S\$ Global Sum S\$: 1) Claim status: Normal/Reject/Private Settle 2) Report Format: 3) Survey fee:

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:

Surveyor: NA2

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.

N/S	O/S
X	X

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
 Lump Sum: _____ % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SEA 7562 Z Yr Regn: 14 MAY 2015
 Type: M.Car / M.Cycle / BUS / Van / Lorry / (Taxi) Prime Motor /
 Truck / Trailer or _____
 Make: ITAWDA 140 c.o. 1,685
 Colour: BLUE A/C: (Insured) Std / NI / NA
 Sp. Reading: 370 350 T/Radi: (Insured) Std / NI / NA
 Eng/No: _____
 C/No: KMH28414MFU069085
 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: 205/60R16
 R: U
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or WESTLAKE

Front		Rear
R/Bal. <u>6</u> mm		R/Bal. <u>5</u> mm
L/Bal. <u>6</u> mm		L/Bal. <u>5</u> mm
D.O.A. <u>3-13-19</u>		D.O.A. <u>1/4/19</u>

 Survey held at _____
 Des. of Damages: Frt / (Rear) / O/S / N/S / UIC / Rooftop or
 The UIC / Chassis frame / Body Structure affected due to collision U/S

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 (\$ _____) S + RS _____
 : Interview (\$ _____) Photos _____
 : Tech. Invo (\$ _____) Others _____
 : Weekend (\$ _____)
 TOTAL _____

Workshops

Member of COMFORTDELGRO

Date/Time: 01.04.2019 10:21 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order: 3910572

JC NO.: 305282956

TOMER

AS COMFORT TRANSPORTATION PTE LTD
TOMER NO. 7010045
RESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755

(R) (O)
(P)

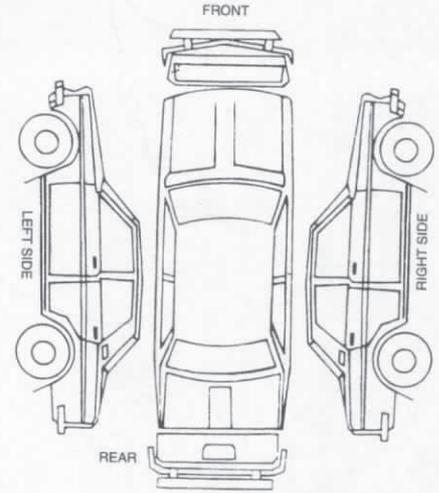
OUNT CARD NO.

REGN NO.: SHA7562Z	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 30.03.2019 17:00
YR OF MANU. 14.05.2015	TARGET DATE
CHASSIS CODE KMHLB41UMFU069085	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 30.03.2019
NATURE: 3P 30.03.19/B

S/NO LABOR CODE DESCRIPTION



RECEIVED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Identification Slip
No.: **SHA7562Z** **FZ CHINA**

Exit Pass
Vehicle No.: **SHA7562Z**

Service Advisor Signature/Date

Name of Service Advisor Date

Returned to Service Reception upon collection

To be kept by Security Guard