INS. CASE OWNER: _Peter_ CC ✓/~~AXA~~ ASM 1900 _8993, 12 e63_ LKK: _____
IDAC: _____

Surveyor: _BWk_ DOI: _17/5/19._ **ASSIGNMENT** Date / Time: _17/5/19._

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : _SHF 717P._ Claim No. : _SAMO2 O7V1 117165_

Name of Insured : _____ Policy No. : _____

Insured Tel No. : _____ HP: _____ Make / Model : _____

Excess Sec II :S$ D.O.A : _19/5/19._ 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**

_SH06595N._ →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: _VOGE_	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability : _W._	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time			STAGE	DATE / PIC
	SHO 6595N-X	_SHF 717P-X_	Non-Reporting ltr (1st):	
			Non-Reporting ltr (2nd):	
			Non-Reporting ltr (Final):	
			Notification ltr (if non-pickup):	
			Call OI:	
	X amount claim		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: _____ 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 ☐ LOU only ☐ LOR + LOU ☐ LOR + LO ☐		[Tick only one]	
GIA/LTA Search	S$		
Medical:	S$		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$	(e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$		3) Survey fee:
Total:	S$	**Global Sum S$:**	

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 Kalvin

ASSIGNMENT

From: _____ **Date:** _____

Estimated Cost: _____

OD / T P / 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.

Bal. or Market Value: _____

IDAC Accident Rport: _____ 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

Vehicle: **IN** / **OUT**

Date: _____ Person Contacted: _____

Veh No: SHD 65954 **Yr Regn:** 23 Mar 2006

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or _____

Make: Mercedes Benz E220 **c.c** 2143

Colour White **A/C:** Insured / Std / NI / NA

Sp.Reading 335286 **T/Radio:** Insured / Std / NI / NA

Eng/No: _____

C/No: WDD212001 2B 271732

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modi : Nil / S/Rim / STD / A/Rim or _____

Tyre Size: F: 225/55 R16

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or West Lake

Front		Rear	
R/Bal. 7	mm	R/Bal. 7	mm
L/Bal. 7	mm	L/Bal. 7	mm
D.O.A. 19/5/19		D.O.I. 22/5/19	

Survey held at CDGE (Loyang)

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

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

Date / Time	Action / Instruction
	AxA
	4s

Date/Time, File Pass to? ☐ : **Preli. Report**

1) _____ ☐ : **Final Report**

Date/Time, File Return to?

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	

Team: ARC Repair TP(CLSO)1   **JOB CARD**   Sales Order: JC NO.: 305296946

OMER			REGN NO.: SHD6595U	MILEAGE
S	COMFORT TRANSPORTATION PTE LTD		MAKE: MERCEDES BENZ	FUEL
OMER NO.	7010045 *			E.............1/2.............F
ESS	383 SIN MING DRIVE		MODEL E220CDI(E6)	DATE/TIME IN 19.05.2019 20:25
(R)	Singapore SINGAPORE 575717		YR OF MANU. 23.03.2016	TARGET DATE
(P)	65508755 (O)			
OUNT CARD NO.			CHASSIS CODE WDD2120012B271732	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 19.05.2019
NATURE: 3P 19.05.19

S/NO	LABOR CODE	DESCRIPTION
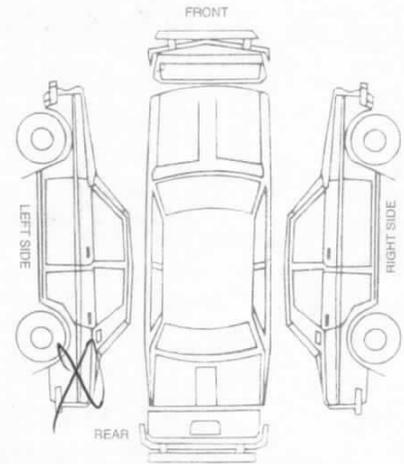
:KED & PASSED OUT BY: _____

SERVICE ADVISOR   CUSTOMER'S SIGNATURE

ledgement Slip   Exit Pass

No.: SHD6595U   JU AXA   Vehicle No.:   SHD6595U

f Service Advisor   Signature/Date   Name of Service Advisor   Date

turned to Service Reception upon collection   To be kept by Security Guard