

INS. CASE OWNER:

CC 3 / QBE1901 3370, K1e63

LKK:

IDAC:

Surveyor: Calun.

DOI:

ASSIGNMENT24/7/14

Date / Time :

24/7/14

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

SKT 4234E

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II : \$

D.O.A. :

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

SHC 8795B

INSRS:

WSP:

Tel :

Liability :

RMKS:

WGE
ly

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	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)	☐ ☐
	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	
Disbursement:	\$S (e.g. Tow/ Independent)	1) Claim status: Normal/Reject/Private Settle
Legal Cost	\$S	2) Report Format:
		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: _____

(08/11/13)

REF:

Surveyor: KelvinASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Insp'd 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

Bal. or Market Value: _____

IDAC Accident Rpt: _____ 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: SHC 8795BYr Regn: 6 Dec 2015

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

Truck / Trailer or

Make: Kia 240C.C. 168Colour: Blue

A/C: Insured / Std / NI / NA

Sp. Reading: 39301

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHLPX1UMAY 08294

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / 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 Weller

Front

Rear

R/Bal. 7

mm

R/Bal. 7

mm

L/Bal. 7

mm

L/Bal. 7

mm

D.O.A. 27/7/19D.O.I. 29/7/19Survey held at CPGE (Loyang)

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

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐

: Site Insp (\$ _____)

Survey Fee: ☐Transportation: ☐

____ \$ + RS ____ \$

Member of COMFORT DELGRO

Date/Time: 29.07.2019 11:24 Page : 1

am: ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

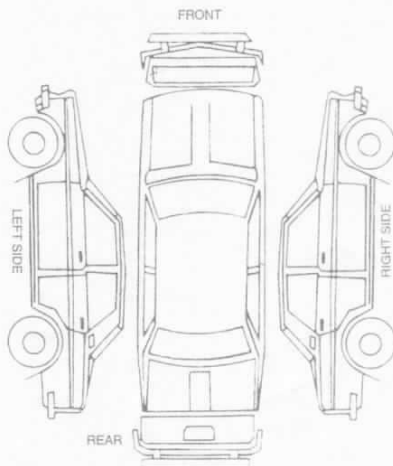
JC NO.: 305320640

ER COMFORT TRANSPORTATION PTE LTD 7010045 ER NO. 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 (O)	REGN NO.: SHC8795B	MILEAGE
	MAKE: HYUNDAI	FUEL E.....1/2.....F
	MODEL I-40	DATE/TIME IN 28.07.2019 11:10
	YR OF MANU 10.12.2015	TARGET DATE
	CHASSIS CODE KMHLB41UMGU082940	COMPLETION DATE/TIME:
	IT CARD NO.	

JOB DESCRIPTION

Accident Date: 27.07.2019
 ATURE: 3P 27.07.19

NO LABOR CODE DESCRIPTION



D & PASSED OUT BY: _____

SERVICE ADVISOR _____ CUSTOMER'S SIGNATURE _____

gement Slip

Exit Pass

SHC8795B CHIANG

Vehicle No.: SHC8795B

Service Advisor _____ Signature/Date _____ Name of Service Advisor _____ Date _____

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