

15/5/2010

INS. CASE OWNER:

CC 3/AIG1600 3054 / H2ub3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

Henry

DOI:

5/8/16

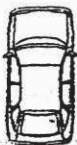
Date / Time :

18/2/16

Registered in Merimen:

18/2/16

Pre-assign / CCU / FTE



Insured Vehicle No. :

SJZ 5777D

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

D.O.A :

5/8/16

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

SHD 3777G



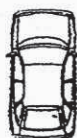
INSRS:

WSP:

Tel :

Liability :

RMKS:

COGE
10/1/16

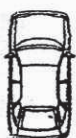
INSRS:

WSP:

Tel :

Liability :

RMKS:



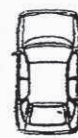
INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SHD 3777G - LCA/MIG1300D766/MCPA342 DIA: 10/3/13
SJZ 5777D - X

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 + LOI

☐

[Tick only one]

GIA/LTA Search

S\$

Medical:

S\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Legal Cost

S\$

1) Claim status: Normal/Reject/Private Settle

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:

COMFORTDELGRO ENGINEERING

member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

205 Bras Basah Road Singapore 179701
Mainline - 83 8383 8280 Facsimile - 65 6280 9795

Workshops

50 Loyang Drive Singapore 508966

383 Sin Ming Drive Singapore 575717

45 Pandan Road Singapore 609285

300 Ubi Road Singapore 408540

24 Senoku Loop Singapore 758156

7 Sungai Kadut Way Singapore 728791

8 Defu Avenue 1 Singapore 539537

Date/Time: 16.02.2016 15:06

Page: 1

JOB CARD

Sales Order:

JC NO.304865526

Item: ARC Repair TP(CLSO)1

Customer

IS COMFORT TRANSPORTATION PTE LTD

Customer NO. 7010045

Address 383 SIN MING DRIVE

Singapore SINGAPORE 575717

(R) 65508755

(P) (O)

IDENT CARD NO.

REGN NO.:

SHD3777G

MILEAGE

MAKE:

HYUNDAI

FUEL

E.....1/2.....F

MODEL

SONATA

DATE/TIME IN

16.02.2016 10:53

YR OF MANU.

10.06.2010

TARGET DATE

CHASSIS CODE

KMHCT41VMAA785091

COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 05.02.2016

ATURE: ACC:05.02.16/E

/NO

LABOR CODE

DESCRIPTION

4S

Arg Aia

Front RH

LKK - Henry

WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Payment Slip

Exit Pass

SHD3777G

LIMITS

Vehicle No.:

SHD3777G

Service Advisor

Signature/Date

Name of Service Advisor

Date

ed to Service Reception upon collection

To be kept by Security Guard