

INS. CASE OWNER:

CC 3/EQ1170 2240, K1ka3

LKK:

IDAC:

Surveyor:

ANK

DOI:

ASSIGNMENT

21/11/17

Date / Time:

20/11/17

Registered in Merimen:

Pre-assign / CCU / FTE

YP 5278 C



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :SS

D.O.A : (9-11-17)

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

SHC 2632C



INSRS:

WSP:

Tel :

Liability :

RMKS:

COKE 10409



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SHC 2632C - CC3/AXA121924X/11/10/17
YP 5278C - 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:

Date/Time: 20.11.2017 11:41

Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD Sales Order:

JC NO.305090689

STOMER

COMFORT TRANSPORTATION PTE LTD
/MS 7010045
STOMER NO 383 SIN MING DRIVE
DRESS Singapore SINGAPORE 575717
65508755 (O)

(R)
(P)

SCOUNT CARD NO.

REGN NO: SHC2632C	MILEAGE
MAKE: TOYOTA	FUEL E.....1/2.....F
MODEL PRIUS HYBRID(G4)19.	DATE/TIME IN 11.2017 23:20
YR OF MANU 03.10.2017	TARGET DATE
CHASSIS CODE JTDKB3FUX03565160	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 19.11.2017
NATURE: 3P 19.11.2017

S/NO LABOR CODE DESCRIPTION

EQ - taxi Rear damage
LKK / Kalvin -

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Knowledge Slip

Signature:
No.: SHC2632C LARRY
Vehicle No.:

Larry Ng

Signature of Service Advisor

Signature/Date

to be returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHC2632C

Name of Service Advisor

Date

To be kept by Security Guard