

15/5/2010

INS. CASE OWNER:

CC ^{WR} 3/AIG1702 ^{2/7/11} / ^{K2pb}

LKK:
IDAC:

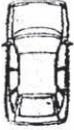
Surveyor: Kawlin

DOI: 2/11/11

Date / Time: 2/11/11

Registered in Merimen: 2/11/11

Pre-assign / CCU / FTE



Insured Vehicle No. : SLG 57294

Claim No. : _____

Name of Insured : WR

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ _____ D.O.A : 1/11/11

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

SHB 4089m



INSRS: WUE
WSP: W
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/Time	STAGE	DATE / PIC	
<u>SHB 4089m - 2/11/11 15:00 57294 (12/11/11 5:00 - 4/11/11)</u> <u>SLG 57294</u>	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"/>	<input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/>	<input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>	<input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>	<input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/>	<input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>	<input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>	<input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/>	<input type="checkbox"/>
Medical Bill:	<input type="checkbox"/>	<input type="checkbox"/>	
PIR:	<input type="checkbox"/>	<input type="checkbox"/>	
Mandate/Reject Instruction:	<input type="checkbox"/>	<input type="checkbox"/>	
LOD	<input type="checkbox"/>	<input type="checkbox"/>	
Payment Breakdown Form:	<input type="checkbox"/>	<input type="checkbox"/>	
Post-Repair Photos:	<input type="checkbox"/>	<input type="checkbox"/>	
Others:	<input type="checkbox"/>	<input type="checkbox"/>	

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____

Repair Cost: \$ _____ (_____ 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: \$ _____

Loss of Rental (LOR): \$ _____ (_____ days)

Loss of Use (LOU): \$ _____ (\$ x days)

Loss of Income (LOI): \$ _____ (\$ x days)

LOR only LOU only LOR + LOU LOR + LOI [Tick only one]

GIA/LTA Search \$ _____

Medical: \$ _____

Disbursement: \$ _____ (e.g. Tow/ Independent)

Legal Cost \$ _____

Total: \$ _____ **Global Sum \$:** _____

FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email Call

Payee 1: \$ _____ Name 1: _____

Payee 2: (Strike if N.A.) \$ _____ Name 2: _____

Payee 3: (Strike if N.A.) \$ _____ Name 3: _____

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO305090530

TOMER
 MS COMFORT TRANSPORTATION PTE LTD
 TOMER NO 7010045
 ADDRESS 383 SIN MING DRIVE
 Singapore SINGAPORE 575717
 (R) 65508755 (O)
 (P)
 ACCOUNT CARD NO.

REGN NO: SHB4089M	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 17.11.2017 15:40
YR OF MANU. 05.11.2015	TARGET DATE
CHASSIS CODE KMHLB41UMGU080354	COMPLETION DATE/TIME:

AIG

JOB DESCRIPTION

Accident Date: 17.11.2017
 NATURE: 3P 17.11.2017

S/NO LABOR CODE DESCRIPTION

CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: **SHB4089M** LKE/KALVIN

Vehicle No.: **SHB4089M**

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard