

INS. CASE OWNER:

CC 3 / CTI1702

LKK:

IDAC:

Surveyor:

Kalin

DOI:

ASSIGNMENT

no 11/14

Date / Time:

no 11/14

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

GBB 60510

Claim No.:

Name of Insured:

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :S\$

D.O.A.:

no 11/14

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

SHA 87197



INSRS:

WSP:

Tel:

Liability:

RMKS:

LOUE
M

INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

SHA 87197 - CS/EU 170-5688 / R216 DOR. 7/8/14
GBB 60510 - NBR/11115010613/4 DOR. 14/1/15

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:

member of COMFORTDELGRO

Date/Time: 30.11.2017 13:47

Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD Sales Order: 3786701

JC NO.305093597

TOMER CITYCAB PTE LTD 7010070 383 SIN MING DRIVE Singapore SINGAPORE 575717 65551188 (R) (P)		REGN NO: SHA8519T	MILEAGE
TOMER NO RESS 65551188 (O)		MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40		DATE/TIME IN 30.11.2017 10:44	
YR OF MANU 26.11.2015		TARGET DATE	
CHASSIS CODE KMHLE41UMGU080681		COMPLETION DATE/TIME:	

CHINA

Accident Date: 29.11.2017

NATURE: 3P 29.11.17/B

JOB DESCRIPTION

S/NO LABOR CODE DESCRIPTION

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHA8519T

FZ CHINA LKK

Vehicle No.:

SHA8519T

Signature/Date

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard