

15/5/2010

INS. CASE OWNER:

CC 3 /AIG1702 3065, F2F03

LKK:
IDAC:

Surveyor:

Kulvin

DOI:

ASSIGNMENT

4/12/17

Date / Time :

4/12/17

Registered in Merimen:

5/12/17

Pre-assign / CCU / FTE

SLF 78085



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

D.O.A :

07/12/17

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

SHA 377K



INSRS:

WSP:

Tel :

Liability :

RMKS:

WSP
WSP

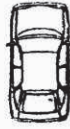
INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SHA 377K - 15/12/17 (WSP) 17/12/17 (F2F03) 17/12/17

SLF 78085 - 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:

member of COMFORTDELGRO

Date/Time: 04.12.2017 15:35

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO.305094690

OWNER

AS COMFORT TRANSPORTATION PTE LTD

OWNER NO 7010045

ADDRESS 383 SIN MING DRIVE

Singapore SINGAPORE 575717

(R) 65508755

(O)

(P)

OUNT CARD NO.

REGN NO:

SHA3772K

MILEAGE

MAKE:

HYUNDAI

FUEL

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

MODEL

I-40

DATE/TIME IN

04.12.2017 10:55

YR OF MANU

09.04.2014

TARGET DATE

CHASSIS CODE

KMHLB41UMEU052487

COMPLETION DATE/TIME:

JOB DESCRIPTION

ccident Date: 03.12.2017

ATURE: 3P 03.12.2017

/NO

LABOR CODE

DESCRIPTION

CKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

nowledgement Slip

Exit Pass

No.: SHA3772K

LKE/KALVIN

Vehicle No.:

SHA3772K

of Service Advisor

Signature/Date

Name of Service Advisor

Date

eturned to Service Reception upon collection

To be kept by Security Guard