

INS. CASE OWNER:

CC 3 / AIG170 23108, K/wa3

LEK:

IDAC:

Surveyor:

AMC

DOI:

ASSIGNMENT

5/12/17

Date / Time:

Registered in Merimen:

1/12/17
6/12/17

Pre-assign / CCU / FTE

SDJ 2133L



Insured Vehicle No. : _____

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : S\$ _____ D.O.A. : 4-12-17

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

SHC 2800J

INSRS:
WSP: CO46 10409
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

SHC 2800J 17/12/17 001124/101124397 ; D.O.A. 12/17
SDJ 2133L - 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\$

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:

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

Member of COMFORTDELGRO

Date/Time: 05.12.2017 09:40

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO 305094822

TOMER

MS COMFORT TRANSPORTATION PTE LTD

TOMER NO 7010045

RESS 383 SIN MING DRIVE

Singapore SINGAPORE 575717

(R) 65508755

(P) (O)

COUNT CARD NO.

REGN NO:

SHC2800J

MILEAGE

MAKE

HYUNDAI

FUEL

E 1/2 F

MODEL

SONATA

04.

DATE/TIME IN 12.2017 12:15

YR OF MANU

30.11.2010

TARGET DATE

CHASSIS CODE

KMHET41VMAA797960

COMPLETION DATE/TIME

JOB DESCRIPTION

Accident Date: 04.12.2017

NATURE: 3P 04.12.2017

3/NO

LABOR CODE

DESCRIPTION

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

#:

Q:

File No.:

SHC2800J

CHIANG @

Vehicle No.:

SHC2800J

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard