

INS. CASE OWNER:

JOEL

CC 3 / CTI 170 23280 1 Kihaz

LKK:

IDAC:

Surveyor:

KALVIN

DOI:

06/12/17

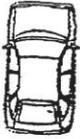
Date / Time:

06/12/17

ASSIGNMENT

Pre-assign / CCU / FTE

Registered in Merimen:



Insured Vehicle No. : SJD 5915M

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$S _____ D.O.A : 05/12/17

Place of Accident : _____

Is driver the owner? (YES / NO) Nature of Accident : _____

If NO, Driver Name / Age :

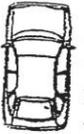
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

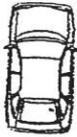
(VL: YES / NO)

Insured Liability : % Final ? Yes / No

SHA 8106B →



INSRS:
WSP: COGE (Layang)
Tel : _____
Liability : _____
RMKS: _____



INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____

Date/ Time	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)	<input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/>
	LOD	<input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____		
FINALIZATION Date/Time: _____ Confirm with: _____		
Repair Cost: \$S _____ (_____ days) Reduction: _____ %		Confirm by: _____
FINAL SETTLEMENT Date/Time: _____ Confirm with _____ Email <input type="checkbox"/> Call <input type="checkbox"/>		
Final Liability: % _____ (Agreed / Assessed) BOLA S/N No. : _____		Email <input type="checkbox"/> Call <input type="checkbox"/>
Repair Cost: \$S _____		If NO or B 28, Ass. Lia : _____
Loss of Rental (LOR): \$S _____ (_____ days)		
Loss of Use (LOU): \$S _____ (\$ x _____ days)		
Loss of Income (LOI): \$S _____ (\$ x _____ days)		
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]		
GIA/LTA Search \$S _____		
Medical: \$S _____		
Disbursement: \$S _____ (e.g. Tow/ Independent)		1) Claim status: Normal/Reject/Private Settle
Legal Cost \$S _____		2) Report Format: _____
Total: \$S _____		3) Survey fee: _____
GLOBAL SUM \$S: _____		
FINAL PAYMENT Date/Time: _____ Confirm with: _____		Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1: \$S _____ Name 1: _____		
Payee 2: (Strike if N.A.) \$S _____ Name 2: _____		
Payee 3: (Strike if N.A.) \$S _____ Name 3: _____		

Team: ARC Repair TP(CFSO)1

JOB CARD Sales Order:

JC NO.305095093

CUSTOMER NAME: CITYCAB PTE LTD VEHICLE NO: 7010070 CUSTOMER NO: 383 SIN MING DRIVE ADDRESS: Singapore SINGAPORE 575717 TEL: (R) 65551188 (O) (P) ACCOUNT CARD NO.	REGN NO: SHA8106B	MILEAGE
	MAKE: HYUNDAI	FUEL E.....1/2.....F
	MODEL: I-40	DATE/TIME IN 05.12.2017 14:55
	YR OF MANU: 12.05.2016	TARGET DATE
	CHASSIS CODE KMHLB41UMGU087452	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 05.12.2017
 NATURE: 3P 05.12.2017

S/NO	LABOR CODE	DESCRIPTION
		CHINA - taxi left front damage
		LKK/Kahni -

CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Name: LARRY
 Vehicle No.: SHA8106B

Vehicle No.: SHA8106B

Larry Ng

Name of Service Advisor Signature/Date

Name of Service Advisor Date

Vehicle returned to Service Reception upon collection

To be kept by Security Guard