

INS. CASE OWNER:

CC 3 /AIG1702 3h31, F2wb3

LKK:
IDAC:

Surveyor:

Falin

DOI:

ASSIGNMENT

7/12/11

Date / Time:

7/12/11

Registered in Merimen:

8/12/11

Pre-assign / CCU / FTE

SLM 1964B



Insured Vehicle No. :

Name of Insured :

Insured Tel No. :

HP:

Excess Sec II :S\$

D.O.A :

07/12/11

Is driver the owner? (YES / NO)

Nature of Accident :

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

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

Insured Liability : % Final ? Yes / No

SHA 6298B

INSRS:
WSP:
Tel :
Liability :
RMKS:WUE
WINSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/Time	STAGE	DATE / PIC
SHA 6298B - X	Non-Reporting ltr (1st):	
SLM 1964B - X	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:	Confirm 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\$	1) Claim status: Normal/Reject/Private Settle
Medical:	S\$	2) Report Format:
Disbursement:	S\$ (e.g. Tow/ Independent)	3) Survey fee:
Legal Cost	S\$	
Total: S\$	Global Sum S\$:	Email ☐ Call ☐
FINAL PAYMENT Date/Time:	Confirm with:	
Payee 1:	S\$ Name 1:	
Payee 2: (Strike if N.A.)	S\$ Name 2:	
Payee 3: (Strike if N.A.)	S\$ Name 3:	

Team: IN ARC Repair TP(CLSO)1 JOB CARD Sales Order: 3788298 JC NO.305095647

STOMER	REGN NO	MILEAGE
COMFORT TRANSPORTATION PTE LTD	SHA6278B	
/MS 7010045	MAKE	FUEL
STOMER NO	HYUNDAI	E.....1/2.....F
DRESS 383 SIN MING DRIVE	MODEL	DATE/TIME IN
Singapore SINGAPORE 575717	SONATA	07.12.2017 09:40
65508755	YR OF MANU	TARGET DATE
(R)	30.04.2011	
(P)	CHASSIS CODE	COMPLETION DATE/TIME:
COUNT CARD NO.	KMHET41VMBA810115	

Accident Date: 07.12.2017
NATURE: 3P 07.12.17/B

JOB DESCRIPTION

S/NO	LABOR CODE	DESCRIPTION
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CHECKED & PASSED OUT BY:	
SERVICE ADVISOR	CUSTOMER'S SIGNATURE
Acknowledgement Slip	Exit Pass
Vehicle No.: SHA6278B FZ AIG LKK	Vehicle No.: SHA6278B
Name of Service Advisor	Name of Service Advisor
Signature/Date	Date
Returned to Service Reception upon collection	To be kept by Security Guard