

15/5/2010

INS. CASE OWNER:

CC 1/CTI1702

LKK:

IDAC:

Surveyor:

DOI:

Date / Time:

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : GT 849E

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :S\$ D.O.A :

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

SHD 4101A



INSRS:

WSP:

Tel :

Liability :

RMKS:

JMR
W

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/Time	STAGE	DATE / PIC
SHD 4101A - 28/01/2010/10:00 AM GT 849E - X	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:	Confirm with:	Confirm by:
FINALIZATION	Date/Time:				
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\$				
Less 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\$:		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: ARC Repair TP(CLSO)1 **JOB CARD** Sales Order: JC NO305101461

CUSTOMER COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 (R) (O) (P) COUNT CARD NO.	REGN NO.: SHD4101A	MILEAGE
	MAKE: HYUNDAI	FUEL E.....1/2.....F
	MODEL SONATA	DATE/TIME IN 26.12.2017 11:25
	YR OF MANU. 02.02.2012	TARGET DATE
	CHASSIS CODE KMHET41VMCA821346	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 26.12.2017
NATURE: 3P 26.12.2017

S/NO LABOR CODE DESCRIPTION

CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR CUSTOMER'S SIGNATURE

Acknowledgement Slip e: to.: File No.: SHD4101A CHIANG @	Exit Pass
	Vehicle No.: SHD4101A
Signature/Date	Date
Signature of Service Advisor	Name of Service Advisor
Signature returned to Service Reception upon collection	To be kept by Security Guard