

15/5/2010

INS. CASE OWNER:

CC 3 / CTI1702

LKK:

IDAC:

Surveyor:

Faluin

DOI:

ASSIGNMENT

Date / Time :

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SJA 72413

Name of Insured :

Insured Tel No. : HP:

Excess Sec II :S\$ D.O.A : 28/12/17

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

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

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

Insured Liability : % Final ? Yes / No

SJA 11289



INSRS:

WSP:

Tel :

Liability :

RMKS:

WME

W



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SJA 11289 - X

SJA 72413

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)

Total Cost

S\$

Global Sum S\$:

Total:

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:

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

Date/Time: 26.12.2017 14:05

Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD Sales Order:

JC NO.305100825

CUSTOMER

VMS CITYCAB PTE LTD
CUSTOMER NO. 7010070
ADDRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
L (R) 65551188 (O)
(P)

SCOUNT CARD NO.

REGN NO:

SHA9128G

MILEAGE

MAKE:

TOYOTA

FUEL

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

MODEL

PRIUS HYBRID(G4)23.12.2017 12:30

DATE/TIME IN

YR OF MANU.

31.05.2017

TARGET DATE

CHASSIS CODE

JTDKB3FU203557084

COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 23.12.2017
NATURE: 3P 23.12.2017

S/NO LABOR CODE DESCRIPTION

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Signature

Vehicle No.: SHA9128G CHIANG @

Signature of Service Advisor

Signature/Date

Vehicle returned to Service Reception upon collection

Exit Pass

Vehicle No.:

SHA9128G

Name of Service Advisor

Date

To be kept by Security Guard