

INS. CASE OWNER:

CC 3 / AIG18000019 / KHSS

LKK:
IDAC:

Surveyor:

KALVIN

DOI:

ASSIGNMENT

29/12/17

Date / Time:

29/12/17

Registered in Merimen:

02/01/18

Pre-assign / CCU / FTE



Insured Vehicle No.:

STV 3482M

Claim No.:

Name of Insured:

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II : S\$

D.O.A: 28/12/17

Place of Accident:

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

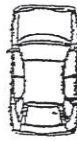
Driver Tel No.:

(V/L: YES / NO)

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

Insured Liability: % Final ? Yes / No

SHA 4766Y



INSRS:

WSP: OGE (Lopas)

Tel:

Liability:

RMKS:



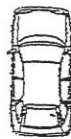
INSRS:

WSP:

Tel:

Liability:

RMKS:



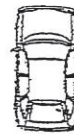
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time

SHA 4766Y - CC3/AIG11019788/HIS-1g2 DOA: 23/09/11
 - CC3/AIG13004381/MIG2a3y DOA: 02/03/13
 - CF/AIG07004080/SW DOA: 09/11/07
 - NA/INC14020249/h4 DOA: 22/09/14
 STV 3482M - CC3/AIG11025736/N/Lm DOA: 14/12/11
 - CC3/AIG11026502/R/LC DOA: 22/12/11
 - CC3/AIG11000057/K/3g2 DOA: 24/12/15

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:

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO.305102199

OWNER IS COMFORT TRANSPORTATION PTE LTD OMER NO 7010045 RESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 (R) 65508755 (O) (P)	REGN NO: SHA4766Y	MILEAGE
	MAKE: HYUNDAI	FUEL E.....1/2.....F
	MODEL I-40	DATE/TIME IN 29.12.2017 08:50
	YR OF MANU 05.03.2015	TARGET DATE
	CHASSIS CODE KMHLB41UMFU064735	COMPLETION DATE/TIME:

OUNT CARD NO.

JOB DESCRIPTION

ccident Date: 28.12.2017
ATURE: 3P 28.12.17

/NO LABOR CODE DESCRIPTION

CKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

/edgement Slip

Exit Pass

No.: SHA4766Y JU AIG LKK

Vehicle No.: SHA4766Y

if Service Advisor

Signature/Date

Name of Service Advisor

Date

eturned to Service Reception upon collection

To be kept by Security Guard