

INS. CASE OWNER:

CC3 / AIG1 8000129, 1/1/ka3

LKK:

IDAC:

Surveyor:

*Amk*

DOI:

**ASSIGNMENT**

*2/1/18*

Date / Time :

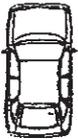
*2/1/18*

Registered in Merimen:

*3/1/18*

Pre-assign / CCU / FTE

*SLQ 5095L*



Insured Vehicle No. : \_\_\_\_\_

Claim No. : \_\_\_\_\_

Name of Insured : \_\_\_\_\_

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

Excess Sec II :S\$ \_\_\_\_\_ D.O.A : *29/12/17*

Place of Accident : \_\_\_\_\_

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

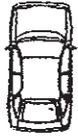
If NO, Driver Name / Age :

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

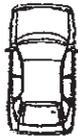
Driver Tel No. : \_\_\_\_\_ (V/L: YES / NO)

Insured Liability : % Final ? Yes / No

*SHD 4642E*



INSRS: \_\_\_\_\_  
WSP: *COLEB (oyang)*  
Tel: \_\_\_\_\_  
Liability: \_\_\_\_\_  
RMKS: \_\_\_\_\_



INSRS: \_\_\_\_\_  
WSP: \_\_\_\_\_  
Tel: \_\_\_\_\_  
Liability: \_\_\_\_\_  
RMKS: \_\_\_\_\_



INSRS: \_\_\_\_\_  
WSP: \_\_\_\_\_  
Tel: \_\_\_\_\_  
Liability: \_\_\_\_\_  
RMKS: \_\_\_\_\_



INSRS: \_\_\_\_\_  
WSP: \_\_\_\_\_  
Tel: \_\_\_\_\_  
Liability: \_\_\_\_\_  
RMKS: \_\_\_\_\_

Date/ Time

*SHD 4642E - CC3/1111 60 20403 / (1111333) : D.O.A. 29/12/17  
SLQ 5095L - X*

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:	
<b>Documentation Check List: Handler Typist</b>	
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"/>

<b>PRELIMINARY ADVICE</b>	Date/Time:	Sent By:	Confirm with:	Confirm by:
<b>FINALIZATION</b>	Date/Time:	Repair Cost: S\$ _____	( _____ days) Reduction: % _____	Email <input type="checkbox"/> Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b>	Date/Time:	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\$ _____	1) Claim status: Normal/Reject/Private Settle
		Disbursement:	S\$ _____ (e.g. Tow/ Independent )	2) Report Format:
		Legal Cost	S\$ _____	3) Survey fee:
<b>Total:</b>	<b>S\$ _____</b>	<b>Global Sum S\$:</b>		
<b>FINAL PAYMENT</b>	Date/Time:	Payee 1: S\$ _____	Name 1: _____	Email <input type="checkbox"/> Call <input type="checkbox"/>
		Payee 2: (Strike if N.A.) S\$ _____	Name 2: _____	
		Payee 3: (Strike if N.A.) S\$ _____	Name 3: _____	



LKK

Team: ARC Repair TP(CLSO)1

**JOB CARD** Sales Order:

JC NO 305102661

CUSTOMER  
 MS COMFORT TRANSPORTATION PTE LTD  
 CUSTOMER NO 7010045  
 ADDRESS 383 SIN MING DRIVE  
 Singapore SINGAPORE 575717  
 (R) 65508755 (O)  
 (P)  
 COUNT CARD NO.

REGN NO: SHD4642E	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL SONATA	DATE/TIME IN 30.12.2017 03:25
YR OF MANU 06.06.2013	TARGET DATE
CHASSIS CODE KMHE141VMDA834647	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 29.12.2017  
 NATURE: 3P 29.12.17

ATG

S/NO                      LABOR CODE                      DESCRIPTION

CHECKED & PASSED OUT BY: \_\_\_\_\_

SERVICE ADVISOR		CUSTOMER'S SIGNATURE	
Acknowledgement Slip		Exit Pass	
Vehicle No.: SHD4642E	CHIANG	Vehicle No.: SHD4642E	
Signature/Date		Name of Service Advisor	Date
To be returned to Service Reception upon collection		To be kept by Security Guard	