

INS. CASE OWNER:

Joe1

CC 3 / CT1180 00600 / Dhs 3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

Bryan

DOI:

09/01/18

Date / Time:

09/01/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

GBC 909P

Claim No.:

Name of Insured:

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :\$S

D.O.A:

06/01/18

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

SH 9260P



INSRS:

WSP: CDHE (loyang)

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/Time	STAGE	DATE / PIC
SH 9260P - CS/FCI 14007337/H4m3k3 DOA 1st/18/18	Non-Reporting ltr (1st):	
GBC 909P - 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: 10/01/18 Sent By: Shirley Hew

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:	

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

Date/Time: 08.01.2018 17:39 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO: 305105077

STOMER

COMFORT TRANSPORTATION PTE LTD
7010045
383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755
(R) (O)
(P)

REGN NO: SH 9260P

MILEAGE

MAKE: HYUNDAI

FUEL

MODEL: I-40

DATE/TIME IN: 06.01.2018 00:05

YR OF MANU: 10.07.2014

TARGET DATE

CHASSIS CODE: KMHLB41UMEU056093

COMPLETION DATE/TIME:

SCOUNT CARD NO.

JOB DESCRIPTION

Accident Date: 06.01.2018

NATURE: 3P 06.01.2018

S/NO	LABOR CODE	DESCRIPTION
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CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Knowledge Slip

Exit Pass

ie:

Vo.:

cle No.:

SH 9260P

CHIANG @

Vehicle No.:

SH 9260P

ie of Service Advisor

Signature/Date

Name of Service Advisor

Date

ie returned to Service Reception upon collection

To be kept by Security Guard