

15/5/2010

INS. CASE OWNER:

CC 3/EQ1800 0650 /E2463

LKK:

IDAC:

Surveyor:

talin

DOI:

10/1/18

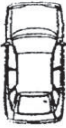
Date / Time :

10/1/18

Registered in Merimen:

Pre-assign / CCU / FTE

GBD 4494



Insured Vehicle No. :

Name of Insured :

Insured Tel No. :

HP:

Excess Sec II :S\$

D.O.A :

09/1/18

Is driver the owner?

(YES / NO)

Nature of Accident :

Claim No. :

Policy No. :

Make / Model :

Place 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 227M

INSRS:
WSP:
Tel :
Liability :
RMKS:MIE
WINSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
SHA 227M - 12/1/18 GBD 4494 - P	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:	☐ ☐	
PRELIMINARY ADVICE	Date/Time:	Sent By:
FINALIZATION	Date/Time:	Confirm with:
Repair Cost:	S\$ (days) Reduction:	% Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with
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:
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

ComfortDelGro Engineering Pte Ltd

205 Bras Basah Road Singapore 189572

Telephone: +65 6383 6250 Fax: +65 6383 6170

Workshops

58 Loyang Drive Singapore 508585

383 Sin Ming Drive Singapore 575717

45 Pandan Road Singapore 609286

320 Telok Ayer Street Singapore 068646

24 Serangoon Road Singapore 758158

7 Sungai Kadut Way Singapore 728791

6 Defu Avenue 1 Singapore 639537

Date/Time: 09.01.2018 18:14

Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD Sales Order:

JC NO.305105451

CUSTOMER

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

VARC

REGN NO: SHA 227M	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 09.01.2018 14:15
YR OF MANU. 17.09.2015	TARGET DATE
CHASSIS CODE KMHLB41UMGU077172	COMPLETION DATE/TIME:

SCOUT CARD NO.

JOB DESCRIPTION

Accident Date: 09.01.2018
NATURE: 3P 09.01.2018

S/NO	LABOR CODE	DESCRIPTION
		EQ - taxi left front damage LKK/Kelvin -

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Knowledge Slip

Exit Pass

Vehicle No.: SHA 227M
LARRY

Vehicle No.: SHA 227M

Larry Ng

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard