

INS. CASE OWNER:

CC3 / AIG1800 0949, K1ka3

LKK:

IDAC:

Surveyor: Amk

DOI: ASSIGNMENT 15/1/18

Date / Time: 15/1/18

Registered in Merimen: 16/1/18

Pre-assign / CCU / FTE



Insured Vehicle No. : SKZ 3272U

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

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

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

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

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

Excess Sec II :SS \_\_\_\_\_ D.O.A: 15/1/18

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

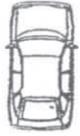
Driver Tel No. : \_\_\_\_\_ (V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SHA 72501 →

SKZ 3272U →

SHA 26225 →



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS: 01



INSRS:  
WSP: CDG 104ms  
Tel :  
Liability :  
RMKS: TP



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/Time	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:</b>	<b>Handler</b> <b>Typist</b>
	Notification ltr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
	PIR:	<input type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
	LOD	<input type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>
<b>PRELIMINARY ADVICE</b> Date/Time: _____ Sent By: _____		
<b>FINALIZATION</b> Date/Time: _____ Confirm with: _____ Confirm by: _____		
Repair Cost: S\$ _____ ( _____ days) Reduction: _____ % Email <input type="checkbox"/> Call <input type="checkbox"/>		
<b>FINAL SETTLEMENT</b> Date/Time: _____ Confirm with _____ Email <input type="checkbox"/> Call <input type="checkbox"/>		
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 <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\$ _____		
Disbursement: S\$ _____ (e.g. Tow/ Independent )		
Legal Cost S\$ _____		
<b>Total:</b> S\$ _____ <b>Global Sum S\$:</b> _____		
<b>FINAL PAYMENT</b> Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Call <input type="checkbox"/>		
Payee 1: S\$ _____ Name 1: _____		
Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____		
Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____		

SHA 26225 - cc3/mc16018501/kua3q; WSP: 12/9/16  
- cc3/ler17007u9/hda3q; WSP: 2/4/17  
SKZ 3272U - X



AIK ASIA  
LKK

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ENGINEERING**

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329 Lorong Singapore 98649

24 Senoko Loop Singapore 758156  
7 Sungai Kadut Way Singapore 728791  
6 Defu Avenue 1 Singapore 539537

member of **COMFORTDELGRO**

Date/Time: 15.01.2018 11:42 Page : 1

am: ARC Repair TP(CLSO)1

**JOB CARD** Sales Order:

JC NO.305106891

DMER 3 COMFORT TRANSPORTATION PTE LTD 7010045 DMER NO ESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 (R) (O) (P) JUNT CARD NO.	REGN NO: SHA2622S	MILEAGE
	MAKE: HYUNDAI	FUEL E.....1/2.....F
	MODEL TONIQ	DATE/TIME IN 15.01.2018 08:20
	YR OF MANU 17.03.2017	TARGET DATE
	CHASSIS CODE KMHC851CVHU022776	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 15.01.2018  
NATURE: 3P 15.01.18

NO	LABOR CODE	DESCRIPTION
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REMOVED & PASSED OUT BY: \_\_\_\_\_

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Workshop Order Slip

Exit Pass

No.: SHA2622S LIMTS

Vehicle No.: SHA2622S

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date