

INS. CASE OWNER:

CC4/ASM1800

1073, 19p3

LKK:

IDAC:

SMAR 1
26041

Surveyor:

Kalon

DOI:

ASSIGNMENT

18-1-18

Date / Time :

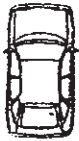
12/01/18

Registered in Merimen:

Pre-assign / CCU / FTE

SLE3672Y

S8m00793



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

D.O.A :

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

SH8833T



INSRS:

WSP:

Tel :

Liability :

RMKS:

COWE
10yang.
(ARC).

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SH8833T - COWE/111726159/626392: PDA: 56/03/17
NA/12/01/18/128/164 PDA: 24/1/18
SLE3672Y-X

12/1 OMR. To obtain TP COWE.

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:

19/1

Sent By:

Hm

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\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

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:

COMFORT
ENGINEERING

Member of COMFORTDELGRQ

Date/Time: 16.01.2018 08:25

Page : 1

am: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO: 305107280

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

REGN NO: SH 8833T	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 15.01.2018 14:00
YR OF MANU 14.05.2015	TARGET DATE
CHASSIS CODE KMHLB41UMFU068977	COMPLETION DATE/TIME:

UNT CARD NO.

JOB DESCRIPTION

Accident Date: 14.01.2018
ATURE: 3P 14.01.18

NO LABOR CODE DESCRIPTION

BOOKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Redemption Slip

Exit Pass

No.: SH 8833T LIMITS

Vehicle No.: SH 8833T

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard