

INS. CASE OWNER:

CC 3/EQ1800

2346 / 12163

LKK:

IDAC:

Surveyor:

Kalin

DOI:

ASSIGNMENT

5/1/18

Date / Time :

5/1/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

Gu 6346U

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

D.O.A :

04/08/18

Place of Accident :

Is driver the owner?

( YES / NO )

Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO )

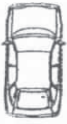
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability :

%

Final ? Yes / No

SHC1109D



INSRS:

WSP:

Tel :

Liability :

RMKS:

LOIE  
W.

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

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Gu 6346U - 4

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:

Sent By:

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:



Date/Time: 05.02.2018 14:57

Page : 1

Team: IN ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO.305113896

|                                                                                                                                                        |                                   |                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|----------------------------------|
| OWNER<br>IS COMFORT TRANSPORTATION PTE LTD<br>OWNER NO. 7010045<br>ADDRESS 383 SIN MING DRIVE<br>Singapore SINGAPORE 575717<br>(R) 65508755 (O)<br>(P) | REGN NO:<br>SHC1109D              | MILEAGE                          |
|                                                                                                                                                        | MAKE:<br>HYUNDAI                  | FUEL<br>E.....1/2.....F          |
|                                                                                                                                                        | MODEL<br>SONATA                   | DATE/TIME IN<br>05.02.2018 09:15 |
|                                                                                                                                                        | YR OF MANU<br>05.04.2012          | TARGET DATE                      |
|                                                                                                                                                        | CHASSIS CODE<br>KMHET41VMCA822252 | COMPLETION DATE/TIME:            |

OUNT CARD NO.

JOB DESCRIPTION

ccident Date: 04.02.2018

ATURE: 3P 04.02.2018

/NO LABOR CODE

DESCRIPTION

WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Redemption Slip

Exit Pass

No.: SHC1109D LKE/KALVIN

Vehicle No.: SHC1109D

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard