

INS. CASE OWNER:

CC 3 / LCR1 800 2772, K1wa2

LKK:

IDAC:

Surveyor:

Calvin

DOI:

ASSIGNMENT

9-2-18

Date / Time:

9-2-18

Registered in Merimen:

12-2-18

Pre-assign / CCU / FTE

SLK 2913 C



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. : HP: 08/02/18

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

SHA 4071 T



INSRS:

WSP: COWE (yngs)

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SHA 4071 T - COWE (yngs) / SLK 2913 C - X

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: 09.02.2018 08:57

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order: 3803343

JC NO. 305115183

STOMER

MS

STOMER NO

DRESS

(R)

(P)

COUNT CARD NO.

COMFORT TRANSPORTATION PTE LTD

7010045

383 SIN MING DRIVE

Singapore SINGAPORE 575717

65508755

(O)

REGN NO

SHA4071T

MILEAGE

MAKE

HYUNDAI

FUEL

E.....1/2.....F

MODEL

T-40

08.02.2018 14:15

DATE/TIME IN

YR OF MANU

09.06.2016

TARGET DATE

CHASSIS CODE

KMHLB41UMGU090150

COMPLETION DATE/TIME:

Accident Date: 08.02.2018

NATURE: 3P 08.02.18/B

JOB DESCRIPTION

RIGHT FRONT

AIG
SLK 2913C

S/NO

LABOR CODE

DESCRIPTION

TOWING-NORMAL

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.:

SHA4071T

FZ AIG LKK

Vehicle No.:

SHA4071T

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard