

INS. CASE OWNER:

CC 3 /AIG1800

LKK:

IDAC:

Surveyor:

Falun

DOI:

ASSIGNMENT

17/1/18

Date / Time :

17/1/18

Registered in Merimen:

17/1/18

Pre-assign / CCU / FTE



Insured Vehicle No. :

SEP 2277R

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :\$\$

D.O.A :

08/02/18

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

SHA 744AT



INSRS:

WSP:

Tel :

Liability :

RMKS:

WBE
W

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC
SHA 744AT - 17/1/18 SEP 2277R - 8	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:	Post-Repair Photos: ☐ ☐
		Others: ☐ ☐
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\$		1) Claim status: Normal/Reject/Private Settle
Disbursement: S\$	(e.g. Tow/ Independent)	2) Report Format:
Legal Cost S\$		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:	

Surveyor: Calvin

ASSIGNMENT

TOTAL

member of COMFORTDELGRO

Date/Time: 12.02.2018 15:12 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

305116192
JC NO.:

OWNER COMFORT TRANSPORTATION PTE LTD IS 7010045 OWNER NO. 883 SIN MING DRIVE ADDRESS Singapore SINGAPORE 575717 65508755 (R) (P)	REGN NO. SHA7449T	MILEAGE
	MAKE: MERCEDES BENZ	FUEL E.....1/2.....F
	MODEL: E220CDI (E6)	DATE/TIME IN: 09.02.2018 07:55
	YR OF MFG: 15.05.2015	TARGET DATE
	CHASSIS NO. WDD2120012B171747	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 08.02.2018
ATURE: 3P 08.02.2018

/NO LABOR CODE DESCRIPTION

CKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

nowledgement Slip

Exit Pass

No.: **SHA7449T**

LKE/KALVIN

Vehicle No.:

SHA7449T

of Service Advisor

Signature/Date

Name of Service Advisor

Date

eturned to Service Reception upon collection

To be kept by Security Guard