

15/5/2010

INS. CASE OWNER:

CC 3 / AIG180 02963 / K1023

LKK:

IDAC:

ASSIGNMENT

Surveyor:

KALVIN

DOI:

12/02/13

Date / Time:

12/02/13

Registered in Merimen:

13/02/13

Pre-assign / CCU / FTE:



Insured Vehicle No. : SLD 4381J

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

Skw 8898K

SLD 4381J

SHA 2050S



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP: CD46 (Comp)
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/Time	STAGE	DATE / PIC
SHA 2050S - CC3/CT16015920/H10232 009.23/08/16	Non-Reporting ltr (1st):	
- CS/FC109014098/KR-1 DOA: 22/04/09	Non-Reporting ltr (2nd):	
- NBR/TME130.1920/4 DOA: 14/01/13	Non-Reporting ltr (Final):	
SLD 4381J - X	Notification ltr (if non-pickup):	
	Call OI:	
	After call ltr to OI:	
	Documentation Check List:	Handler Typist
	Notification ltr (if non-pickup)	<input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>
	Towing Invoice:	<input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/>
	LOD:	<input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>

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 + LO [Tick only one]

GIA/LTA Search: S\$ _____

Medical: S\$ _____

Disbursement: S\$ _____ (e.g. Tow/ Independent)

Legal Cost: S\$ _____

Total: S\$ _____ Global Sum S\$: _____

1) Claim status: Normal/Reject/Private Settle

2) Report Format: _____

3) Survey fee: _____

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: _____

OMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701
Mainline + 65 6383 6280 Facsimile + 65 6280 9755

Workshops
59 Loyang Drive Singapore 508969 24 Senoko Loop Singapore 756136
383 Sin Ming Drive Singapore 575717 7 Sungai Kadut Way Singapore 728791
45 Tandan Road Singapore 609288 Dafu Avenue Singapore 639517
320 Ubi Road 3 Singapore 408648

Date/Time: 10.02.2018 14:20 Page: 1

member of COMFORTDELGRO

Job: ARC Repair TP(CLSO)1

JOB CARD

Sales Order: 3803954

305116149

JC NO.:

OMER COMFORT TRANSPORTATION PTE LTD S 7010045 OMER NO. 383 SIN MING DRIVE ESS Singapore SINGAPORE 575717 65508755	REGN NO. SHA2050S	MILEAGE
(R) (P)	MAKE HYUNDAI	FUEL E.....1/2.....F
	MODEL 1-40	DATE/TIME IN 10.02.2018 13:00
	YR OF MANU. 10.07.2014	TARGET DATE
UNIT CARD NO.	CHASSIS CODE KNB-B41UME0056095	COMPLETION DATE/TIME:

Accident Date: 10.02.2018
NATURE: 3P 10.02.18/B

JOB DESCRIPTION

/NO	LABOR CODE	DESCRIPTION
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BOOKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Identification Slip
SHA2050S

JU LKK AIG

Exit Pass

SHA2050S

Vehicle No.:

No.:

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard