

15/5/2010

INS. CASE OWNER:

Ernest

CC 4 RM

AXA1800

3227, Club3

LKK:

IDAC:

Surveyor:

Kalin

DOI:

ASSIGNMENT

20/7/18

Date / Time :

20/7/18

Registered in Merimen:

Pre-assign / CCU / FTE

YN 22356



Insured Vehicle No. :

Claim No. :

58M00A5W | 31233

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

D.O.A :

15/07/18

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 81570



INSRS:

WSP:

Tel :

Liability :

RMKS:

MUE
WY.

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SHA 81570 - X

YN 22356 - Y

Smart claim

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:

Team: CK ARC Repair TP(CFSO)1

JOB CARD Sales Order:

JC NO: 305117631

OWNER CITYCAB PTE LTD S 7010070 OWNER NO 383 SIN MING DRIVE ADDRESS Singapore SINGAPORE 575717 65551188 (R) (O) (P)	REGN NO: SHA8157D	MILEAGE
	MAKE: HYUNDAI	FUEL E.....1/2.....F
	MODEL: SONATA	DATE/TIME IN 15.02.2018 15:05
	YR OF MANU: 28.02.2011	TARGET DATE
	CHASSIS CODE: KMHET41VMB806837	COMPLETION DATE/TIME:

JUNT CARD NO.

JOB DESCRIPTION

Accident Date: 15.02.2018
NATURE: 3P 15.02.18

/NO LABOR CODE DESCRIPTION

BOOKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

No.: **SHA8157D** **JU AXA**

Vehicle No.: **SHA8157D**

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard