

INS. CASE OWNER:

cc3, EQ18003311, P1ja3

LKK:

IDAC:

Surveyor:

AWC

DOI:

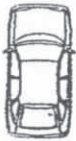
20/1/18

Date / Time :

20/2/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

YN 2246A

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :SS

D.O.A :

15/01/18

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

SHC 39715



INSRS:

WSP:

Tel :

Liability :

RMKS:

CDE byang.



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE		DATE / PIC
SHC 39715 - cc4/m/16024829/71pa35; DOA: 14/1/18 YN 2246A-X	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
	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\$		
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:	

am: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO: 305117912

OMER
S COMFORT TRANSPORTATION PTE LTD
OMER NO 7010045
ESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755

(R) (O)
(P)

DUNT CARD NO.

REGN NO:	SHC3971S	MILEAGE
MAKE :	HYUNDAI	FUEL E.....1/2.....F
MODEL	I-40	DATE/TIME IN 15.02.2018 20:25
YR OF MANU	12.03.2015	TARGET DATE
CHASSIS CODE	KMHLB41UMFU065447	COMPLETION DATE/TIME:

Accident Date: 15.02.2018
ATURE: 3P 15.02.18

JOB DESCRIPTION

/NO LABOR CODE DESCRIPTION

OKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ledgement Slip

Exit Pass

No.: SHC3971S JU EQ

Vehicle No.: SHC3971S

f Service Advisor

Signature/Date

Name of Service Advisor

Date

sturned to Service Reception upon collection

To be kept by Security Guard