

INS. CASE OWNER:

CC 3 / AIG1800 3845, F2 h63

LKK:

IDAC:

Surveyor:

Fallin

DOI:

ASSIGNMENT

26/7/18

Date / Time :

26/7/18

Registered in Merimen:

26/7/18

Pre-assign / CCU / FTE



Insured Vehicle No. :

SLV 913H

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

D.O.A :

2/7/18

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

SHO 4769A



INSRS:

WSP:

Tel :

Liability :

RMKS:

LME
m

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC	
SHO 4769A-7	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:		

Date/Time: 23.02.2018 16:43

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO: 305119362

STOMER

VMS COMFORT TRANSPORTATION PTE LTD

ISTOMER NO 7010045

DRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717

L. (R) 65508755 (O)

(P)

SCOUNT CARD NO.

REGN NO: SHD4269A

MILEAGE

MAKE: HYUNDAI

FUEL

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

MODEL SONATA

23.02.2018 14:50

YR OF MANU 24.05.2012

TARGET DATE

CHASSIS CODE KMHET41VMCA825215

COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 22.02.2018

NATURE: 3P 22.02.2018

S/NO

LABOR CODE

DESCRIPTION

HECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

nowledgement Slip

ne:

No.: SHD4269A CHIANG

icle No.:

Exit Pass

Vehicle No.: SHD4269A

ne of Service Advisor

Signature/Date

Name of Service Advisor

Date

be returned to Service Reception upon collection

To be kept by Security Guard