

INS. CASE OWNER:

CC 3/CT11800 3861, k2k63

LKK:	
IDAC:	

Surveyor: Falun

DOI: 2/7/18

Date / Time : 24/7/18

Registered in Merimen: ~~1/8~~

Pre-assign / CCU / FTE



Insured Vehicle No. : 89L 2255Y

Claim No. :

Name of Insured : _____

Policy No. :

Insured Tel No. : _____ HP: _____

HP:

Make / Model :

Excess Sec II :S\$

D.O.A: 25/7/18

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
1. General Liability		
2. Professional Liability		
3. Directors and Officers		
4. Employment Practices		
5. Automobile Liability		
6. Aircraft Liability		
7. Watercraft Liability		
8. Umbrella Liability		
9. Other		



INRS: *one*
WSP: *W*
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE		DATE / PIC
SHC 7922 - 104 / AKA 13013663 / M2K6392 MM-12/17/12	Non-Reporting ltr (1st):		
SHC 7922 - 104	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\$		
Disbursement: S\$	(e.g. Tow/ Independent)	1) Claim status: Normal/Reject/Private Settle	
Legal Cost	S\$	2) Report Format:	
Total: S\$	Global Sum S\$:	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:	

COMFORTDELGRO ENGINEERING

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32266 Road Singapore 688618

24 Senoko Loop Singapore 758156

7 Sungei Kadut Way Singapore 728791

6 Defu Avenue 1 Singapore 539537

Date/Time: 26.02.2018 16:02

Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD Sales Order:

JC NO: 305120064

STOMER

CITYCAB PTE LTD

7010070

STOMER NO. 383 SIN MING DRIVE

DRESS Singapore SINGAPORE 575717

65551188

(R) (O)

(P)

ICOUNT CARD NO.

REGN NO.

SHC 792L

MILEAGE

MAKE

HYUNDAI

FUEL

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

MODEL

I-40

26.02.2018 11:05

YR OF MANU

10.12.2015

TARGET DATE

CHASSIS CODE

KMLB41UMGU080748

COMPLETION DATE/TIME:

JOB DESCRIPTION

Incident Date: 25.02.2018

NATURE: 3P 25.02.18

S/NO

LABOR CODE

DESCRIPTION

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

owledge Slip

B:

O.:

le No.:

SHC 792L

LIMITS

Exit Pass

Vehicle No.:

SHC 792L

e of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard