

INS. CASE OWNER:

CC 3 / LCR1800 3964 / K1ja3

LKK:
IDAC:

Surveyor:

Kaluin

DOI:

ASSIGNMENT

28/02/18

Date / Time :

28/02/2018

Registered in Merimen:

11/3/18

Pre-assign / CCU / FTE



Insured Vehicle No. : SLF 9685R

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : S\$ _____ D.O.A : 27/02/18

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

SHE 2312B

INSRS:
WSP: 0060 104689.
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

SHE 2312B - CC3 / LCR1800 3964 / K1ja3 ; DOA: 18/01/18
- CC3 / LCR1800 3964 / K1ja3 ; DOA: 18/01/18
SLF 9685R - X

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:

Member of COMFORTDELGRO

Date/Time: 28.02.2018 13:21

Page : 1

Team: IN ARC Repair TP(CLS0)1

JOB CARD Sales Order:

JC NO: 305120760

TOMER

MS

TOMER NO

RESS

(R)

(P)

OUNT CARD NO.

REGN NO:

SHC2312B

MILEAGE

MAKE:

HYUNDAI

FUEL

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

MODEL

SONATA

27.02.2018 22:10

YR OF MANU

04.11.2010

TARGET DATE

CHASSIS CODE

KMHET41VMAA796092

COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 27.02.2018

ATURE: 3P 27.02.2018

/NO

LABOR CODE

DESCRIPTION

CKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

nowledgement Slip

Exit Pass

No.:

SHC2312B

CHIANG

Vehicle No.:

SHC2312B

of Service Advisor

Signature/Date

Name of Service Advisor

Date

eturned to Service Reception upon collection

To be kept by Security Guard