

INS. CASE OWNER:

cc 3, LK 1800 4286, Flwa3

LKK:

IDAC:

Surveyor:

Amk

DOI:

ASSIGNMENT

9/3/18

Date / Time:

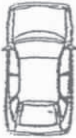
9/3/18

Registered in Merimen:

6/3/18

Pre-assign / CCU / FTE

SLE 7243B



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :SS

D.O.A: 3/3/18

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. :

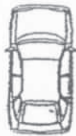
(V/L: YES / NO)

Insured Liability :

%

Final ? Yes / No

SHA 3801 K



INSRS:

WSP:

Tel :

Liability :

RMKS:

Chut loy.



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SHA 3801 K, cc 3, AXA 1100 9306 / 11/4/13/18 ; 18/5/18
SLE 7243B - 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:	
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:	
Repair Cost:	S\$	(days)	Reduction:	%
FINAL SETTLEMENT		Date/Time:	Confirm with:	
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :		Email ☐ Call ☐
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\$:	
FINAL PAYMENT		Date/Time:	Confirm with:	
Payee 1:	S\$	Name 1:		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		

AIG
LKK

COMFORTDELGRO
ENGINEERING

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701
Mainline + 65 6383 6260 Facsimile + 65 6280 9755

Workshops

59 Loyang Drive Singapore 508969

383 Sin Ming Drive Singapore 575717

45 Pandan Road Singapore 609286

320 Raffles Place Singapore 048661

24 Senoko Loop Singapore 758156

7 Sungei Kadut Way Singapore 728791

6 Defu Avenue 1 Singapore 539537

Date/Time: 05.03.2018 10:28

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A member of COMFORTDELGRO

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO: 305121854

CUSTOMER

COMFORT TRANSPORTATION PTE LTD

7010045

383 SIN MING DRIVE

Singapore SINGAPORE 575717

65508755

(R) (O)

(P)

IDENTIFICATION CARD NO.

REGN NO: SHA3801K

MILEAGE

MAKE: TOYOTA

FUEL

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

MODEL: PRIUS HYBRID(G4)04.03.2018 09:10

YR OF MANU: 15.06.2017

TARGET DATE

CHASSIS CODE: JTDKB3FU003558802

COMPLETION DATE/TIME:

Accident Date: 03.03.2018

ATURE: 3P 03.03.18

JOB DESCRIPTION

NO

LABOR CODE

DESCRIPTION

ISSUED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Document Slip

Exit Pass

SHA3801K

LIMITS

Vehicle No.: SHA3801K

Service Advisor

Signature/Date

Name of Service Advisor

Date

Handed to Service Reception upon collection

To be kept by Security Guard