

INS. CASE OWNER:

Stanley.

cc 4, Asm 18004409, 1C1ca3

LKK:

IDAC:

33689

Surveyor:

Amc

DOI:

ASSIGNMENT

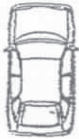
7/3/18

Date / Time :

6/3/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : PC 4803T

Claim No. :

SSM00AAY

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :SS

D.O.A. :

5/3/18

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



INSRS:

WSP:

Tel :

Liability :

RMKS:

Cm100ay



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

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:

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701

Mainline + 65 6383 6280 Facsimile + 65 6280 9755

Workshops

59 Loyang Drive Singapore 508969

383 Sin Ming Drive Singapore 575717

45 Pandan Road Singapore 608286

320 G Road Singapore 366339

24 Serangoon Loop Singapore 758156

7 Sungai Kadut Way Singapore 728791

6 Delu Avenue 1 Singapore 639537

Date/Time: 06.03.2018 14:52

Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD Sales Order:

JC NO.: 305122644

STOMER

COMFORT TRANSPORTATION PTE LTD
/MS 7010045
STOMER NO 383 SIN MING DRIVE
DRESS Singapore SINGAPORE 575717
65508755

(R) (O)
(P)

COUNT CARD NO.

REGN NO: SHC2972X

MILEAGE

MAKE: HYUNDAI

FUEL

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

MODEL SONATA

DATE/TIME IN 05.03.2018 14:25

YR OF MANU 31.12.2012

TARGET DATE

CHASSIS CODE RMHET41VMCA831686

COMPLETION DATE/TIME:

Accident Date: 05.03.2018
NATURE: 3P 05.03.2018

JOB DESCRIPTION

S/NO LABOR CODE DESCRIPTION

AXA - taxi white left side damage

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

No.: SHC2972X

LARRY

Vehicle No.: SHC2972X

Larry Ng

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard