

INS. CASE OWNER:

CC 3, CT1 1800 4626, Clear

LKK:
IDAC:

Surveyor: ANK

DOI: ASSIGNMENT 9.3-18

Date / Time: 9-3-18

Registered in Merimen: —

Pre-assign / CCU / FTE

SJL 8871T



Insured Vehicle No. : SJL 8871T

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :SS _____ D.O.A: 8/3/2018

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 7075M



INSRS:
WSP: CDHOLBYAN.
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	<u>SHA 7075M - 22/11/2018 (703/492); D.O.A. 27/8/13</u>	Non-Reporting ltr (1st):	
	<u>SJL 8871T - X</u>	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)	<input type="checkbox"/>
		After call ltr to OI:	<input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/>
		PIR:	<input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/>
		LOD	<input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/>
		Post-Repair Photos:	<input type="checkbox"/>
		Others:	<input type="checkbox"/>
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____			
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____			
Repair Cost:	S\$ _____ (_____ days) Reduction: _____ %	Email <input type="checkbox"/>	Call <input type="checkbox"/>
FINAL SETTLEMENT Date/Time: _____ Confirm with _____ Email <input type="checkbox"/> Call <input type="checkbox"/>			
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 <input type="checkbox"/>	LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/>	LOR + LOI <input type="checkbox"/> [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 <input type="checkbox"/> Call <input type="checkbox"/>			
Payee 1:	S\$ _____ Name 1: _____		
Payee 2: (Strike if N.A.)	S\$ _____ Name 2: _____		
Payee 3: (Strike if N.A.)	S\$ _____ Name 3: _____		

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO.: 305123526

CUSTOMER COMFORT TRANSPORTATION PTE LTD VMS 7010045 CUSTOMER NO. 383 SIN MING DRIVE ADDRESS Singapore SINGAPORE 575717 65508755 L (R) (P) (O) SCOUNT CARD NO.	REGN NO. SHA7075M	MILEAGE
	MAKE: HYUNDAI	FUEL E.....1/2.....F
	MODEL SONATA	DATE/TIME IN 09.03.2018 14:20
	YR OF MANU 31.05.2011	TARGET DATE
	CHASSIS CODE KMHET41VMBA811576	COMPLETION DATE/TIME:

CHIANG

Accident Date: 08.03.2018
 NATURE: 3P 08.03.2018

JOB DESCRIPTION

S/NO LABOR CODE DESCRIPTION

CHECKED & PASSED OUT BY: _____

 SERVICE ADVISOR

 CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: **SHA7075M**
 CHIANG @

Vehicle No.: **SHA7075M**

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Vehicle returned to Service Reception upon collection

To be kept by Security Guard