

INS. CASE OWNER:

CC 3, MA1800 4758, 101ea3

LKK:

IDAC:

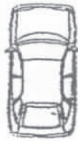
Surveyor:

DOI:

Date / Time:

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SLC 4133R

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :SS _____ D.O.A : 8/3/18

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

SHD 3245 A

INSRS:
WSP: *CHW/long*
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC	
SHD 3245 A - 65/111 14022864/TI+bell; vob: 4/12/14 SLC 4133R - A	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:	☐	☐	
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:		

Qare: Mr: Kalvin

ASSIGNMENT

Date/Time: 09.03.2018 17:07

Page : 1

am: ARC Repair TP(CLSO)1

JOB CARD Sales Order: 3809592

JC NO: 305123528

OMER IS OMER NO IESS (R) (P)	COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 (O)	AIG	REGN NO SHD3245A	MILEAGE
			MAKE HYUNDAI	FUEL E.....1/2.....F
			MODEL I-40	DATE/TIME IN 09.03.2018 14:25
			YR OF MANU 08.07.2016	TARGET DATE
			CHASSIS CODE RMHLB41UMGU091866	COMPLETION DATE/TIME:

JUNT CARD NO.

JOB DESCRIPTION

ccident Date: 08.03.2018

ATURE: 3P 06.03.18/B-

/NO	LABOR CODE	DESCRIPTION
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WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ledgement Slip

Exit Pass

No.: SHD3245A

FZ AIG LKK

Vehicle No.:

SHD3245A

f Service Advisor

Signature/Date

Name of Service Advisor

Date