

INS. CASE OWNER:

CC3, M61800 5031, 19/10/03

LKK:

IDAC:

Surveyor:

Amk

DOI:

ASSIGNMENT

15/3/18

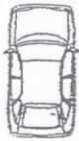
Date / Time:

15/3/18

Registered in Merimen:

16/3/18

Pre-assign / CCU / FTE



Insured Vehicle No. : SLP 3615 E

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. : HP: 13/3/18

Make / Model :

Excess Sec II :SS D.O.A : 13/3/18

Place of Accident :

Is driver the owner? (YES / NO) Nature of Accident :

If NO, Driver Name / Age :

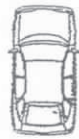
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SHC 1512 Y

INSRS:
WSP: CPH 1040g
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC	
SHC 1512 Y - cc3/m18000395/Kvd3 - cc3/CT16019984/m1203n2; D.O.A: 18/10/03 SLP 3615 E - X	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:		
Repair Cost: S\$	(days) Reduction: %	Email ☐ Call ☐	
FINAL SETTLEMENT Date/Time:	Confirm with		
Final Liability: %	(Agreed / Assessed) BOLA S/N No. :		
Repair Cost: S\$	If NO or B 28, Ass. Lia :		
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\$			
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:		

Member of COMFORTDELGRO

Date/Time: 15.03.2018 09:13 Page : 1

Team: ARC Repair TP(CLSO)1 JOB CARD Sales Order: JC NO: 305125167

CUSTOMER COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 (R) (O) (P)	REGN NO: SHC1512Y	MILEAGE
	MAKE: TOYOTA	FUEL E.....1/2.....F
	MODEL: PRIUS HYBRID(G4)14.03.2018 16:10	DATE/TIME IN
	YR OF MANU: 29.06.2017	TARGET DATE
	CHASSIS CODE: JTDKB3FU003561179	COMPLETION DATE/TIME:

Accident Date: 13.03.2018
Nature: 3P 13.03.2018

JOB DESCRIPTION

/NO LABOR CODE DESCRIPTION

WORKED & PASSED OUT BY:

SERVICE ADVISOR CUSTOMER'S SIGNATURE

Handwritten: LK

No.: SHC1512Y LKE/KALVIN

Exit Pass

Vehicle No.: SHC1512Y

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard