

15/5/2010

INS. CASE OWNER:

CC 3 /AIG1800

5431, R1wbh

LKK:

IDAC:

Surveyor:

Rashid

DOI:

ASSIGNMENT

M/7/18

Date / Time :

M/7/18

Registered in Merimen:

M/7/18

Pre-assign / CCU / FTE



Insured Vehicle No. :

SFC 332X

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

D.O.A :

Place of Accident :

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

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

Insured Liability :

%

Final ? Yes / No

SHA 79682



INSRS:

WSP:

Tel :

Liability :

RMKS:

WTE
M

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time				
	SHA 79682 - X	SFC 332X - 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: 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:		

A member of COMFORTDELGRO

Date/Time: 21.03.2018 17:46

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO305127410

CUSTOMER		REGN NO:	MILEAGE
COMFORT TRANSPORTATION PTE LTD		SHA7968L	
VMS	7010045	MAKE:	FUEL
CUSTOMER NO.		HYUNDAI	E.....1/2.....F
ADDRESS	383 SIN MING DRIVE	MODEL	DATE/TIME IN
	Singapore SINGAPORE 575717	I-40	21.03.2018 13:20
L. (R)	65508755	YR OF MANU.	TARGET DATE
(P)		02.04.2015	
SCOUNT CARD NO.		CHASSIS CODE	COMPLETION DATE/TIME:
		KMHLB41UMFU067870	

JOB DESCRIPTION

Accident Date: 21.03.2018

NATURE: 3P 21.03.2018

S/NO	LABOR CODE	DESCRIPTION
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CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHA7968L CHIANG @

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard