

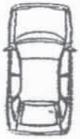
Surveyor: PAGUL

DOI: ASSIGNMENT 26/3/18

Date / Time: 26/3/18

Registered in Merimen: 28/3/18

Pre-assign / CCU / FTE



Insured Vehicle No. : SKL 2840K

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :SS _____ D.O.A: 23/3/18

Place of Accident : _____

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

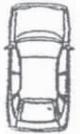
If NO, Driver Name / Age : _____

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

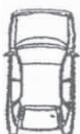
Driver Tel No. : _____ (V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SHA 4405 P



INSRS: _____
WSP: COLE 107005
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 4405 P - CC3/CT1 1800 5823 / H129392 ; NOB 29/4/16</u> <u>SKL 2840K } CC4/11/180578 / AP63 ; NOB 27/03/18</u> <u>* claiming each other. received assignment on 28/3/2018.</u>	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"/>	<input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/>	<input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>	<input type="checkbox"/>
Release Voucher:	<input type="checkbox"/>	<input type="checkbox"/>	
Final Repair Bill:	<input type="checkbox"/>	<input type="checkbox"/>	
Car Rental Invoice:	<input type="checkbox"/>	<input type="checkbox"/>	
Towing Invoice	<input type="checkbox"/>	<input type="checkbox"/>	
LTA / GIA :	<input type="checkbox"/>	<input type="checkbox"/>	
Medical Bill:	<input type="checkbox"/>	<input type="checkbox"/>	
PIR:	<input type="checkbox"/>	<input type="checkbox"/>	
Mandate/Reject Instruction:	<input type="checkbox"/>	<input type="checkbox"/>	
LOD	<input type="checkbox"/>	<input type="checkbox"/>	
Payment Breakdown Form:	<input type="checkbox"/>	<input type="checkbox"/>	
Post-Repair Photos:	<input type="checkbox"/>	<input type="checkbox"/>	
Others:	<input type="checkbox"/>	<input type="checkbox"/>	

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\$ _____

Total: S\$ _____ **Global Sum S\$:** _____
1) Claim status: Normal/Reject/Private Settle
2) Report Format: _____
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: _____

member of COMFORTDELGRO

Date/Time: 26.03.2018 08:07 Page : 1

am: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO305128260

COMMER COMFORT TRANSPORTATION PTE LTD 7010045 COMMER NO 383 SIN MING DRIVE ESS Singapore SINGAPORE 575717 65508755 (R) (O) (P)	REGN NO: SHA4405P	MILEAGE
	MAKE: TOYOTA	FUEL E.....1/2.....F
	MODEL PRIUS HYBRID(G4)23	DATE/TIME IN 03.2018 17:05
	YR OF MANU 10.08.2017	TARGET DATE
	CHASSIS CODE JTDKB3FU903563173	COMPLETION DATE/TIME:

UNIT CARD NO.

JOB DESCRIPTION

Accident Date: 23.03.2018
 NATURE: 3P 23.03.18/C

NO LABOR CODE DESCRIPTION

KEYED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Check-out Slip

Exit Pass

No.: **SHA4405P** **LIMITS**

Vehicle No.: **SHA4405P**

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard