

INS. CASE OWNER:

1800 5868, Kija3

LKK:

IDAC:

Surveyor:

Ank

DOI:

ASSIGNMENT

28/3/18

Date / Time:

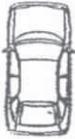
28/3/18

Registered in Merimen:

29/3/18

Pre-assign / CCU / FTE

SKH 44637



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. : HP: 28/3/18

Make / Model :

Excess Sec II :SS D.O.A :

Place of Accident :

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

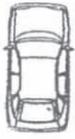
If NO, Driver Name / Age :

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

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

Insured Liability : % Final ? Yes / No

SHC 8211 u



INSRS: WSP: CDBE 60403 Tel: Liability: RMKS:



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INSRS: WSP: Tel: Liability: RMKS:

Date/ Time	STAGE	DATE / PIC
SHC 8211 u - 02/11/17	Non-Reporting ltr (1st):	
SKH 44637 - 02/11/17	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"/>

PRELIMINARY ADVICE Date/Time: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by:

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: \$\$
Loss of Rental (LOR): \$\$ (days)
Loss of Use (LOU): \$\$ (\$ x days)
Loss of Income (LOI): \$\$ (\$ x days)
LOR only LOU only LOR + LOU LOR + LOI [Tick only one]
GIA/LTA Search \$\$
Medical: \$\$
Disbursement: \$\$ (e.g. Tow/ Independent)
Legal Cost \$\$
Total: \$\$ Global Sum \$\$

FINAL PAYMENT Date/Time: Confirm with: Email Call
Payee 1: \$\$ Name 1:
Payee 2: (Strike if N.A.) \$\$ Name 2:
Payee 3: (Strike if N.A.) \$\$ Name 3:

A member of COMFORTDELGRO

Date/Time: 27.03.2018 12:52 Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD Sales Order:

JC NO.305135822

CUSTOMER
CUSTOMER NAME: COMFORT TRANSPORTATION PTE LTD
CUSTOMER NO: 7010045
ADDRESS: 383 SIN MING DRIVE
Singapore SINGAPORE 575717
TEL: (R) 65508755 (O)
(P)

VACS

REGN NO: SHC8211U	MILEAGE
MAKE: MERCEDES BENZ	FUEL E.....1/2.....F
MODEL: E220CDI (E6)	DATE/TIME IN 27.03.2018 10:00
YR OF MANU: 06.05.2015	TARGET DATE
CHASSIS CODE: WDD2120012B154172	COMPLETION DATE/TIME:

(B)

SCOUNT CARD NO.

JOB DESCRIPTION

Accident Date: 25.03.2018
NATURE: 3P 25.03.2018

S/NO	LABOR CODE	DESCRIPTION
		ACC - taxi left front damage

CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHC8211U
LARRY

Vehicle No.: SHC8211U

Larry Ng

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Vehicle returned to Service Reception upon collection

To be kept by Security Guard

Handwritten mark