

INS. CASE OWNER:

CC³ /AIG1800 6067, F2 wbb

LKK:

IDAC:

Surveyor:

Falin

DOI:

ASSIGNMENT

7/4/18

Date / Time :

7/4/18

Registered in Merimen:

7/4/18

Pre-assign / CCU / FTE



Insured Vehicle No. :

SLP 9611B

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 :

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

Driver Tel No. :

(V/L: YES / NO)

Insured Liability :

%

Final ? Yes / No

SLP 9611B



INSRS:

WSP:

Tel :

Liability :

RMKS:

WBE
W

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC
SLP 9611B - F	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\$	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 ☐ Call ☐
Payee 1:	S\$ Name 1:	
Payee 2: (Strike if N.A.)	S\$ Name 2:	
Payee 3: (Strike if N.A.)	S\$ Name 3:	

am: ARC Repair TP(CLS0)1

JOB CARD Sales Order: 3814569

JC NO305137127

OMER	REGN NO: SHA2918P	MILEAGE
IS COMFORT TRANSPORTATION PTE LTD	MAKE: HYUNDAI	FUEL
OMER NO 7010045	MODEL I-40	E.....1/2.....F
IESS 383 SIN MING DRIVE	02.04.2018 09:35	DATE/TIME IN
Singapore SINGAPORE 575717	YR OF MANU 27.08.2015	TARGET DATE
65508755 (R) (P) (O)	CHASSIS CODE KMHLB41UMGU077196	COMPLETION DATE/TIME:
DUNT CARD NO.		

AIG

JOB DESCRIPTION

Accident Date: 29.03.2018
ATURE: 3P 29.03.18/B-

NO	LABOR CODE	DESCRIPTION
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KED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

No.: **SHA2918P**

FZ AIG LKK

Vehicle No.:

SHA2918P

Service Advisor

Signature/Date

Name of Service Advisor

Date

turned to Service Reception upon collection

To be kept by Security Guard