

INS. CASE OWNER:

CL

CC 4 / ASM1800 6170 / Kja3

LKK:

IDAC:

37818

Surveyor:

Amc

DOI:

ASSIGNMENT

31418

Date / Time :

24/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SJB 5608K

Name of Insured :

Insured Tel No. : HP:

Excess Sec II :SS

D.O.A : 1-4-18

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

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

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

Insured Liability : % Final ? Yes / No

SDP 7779J

SJB 5608K

SHC 8911 H



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SHC8911H - CC4/11160/4135 / Tung3qr; DRA: 28/07/16
SJB5608K - 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)

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:

6/4

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\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

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(CLSO)1

JOB CARD Sales Order:

JC NO305137173

OMER
S COMFORT TRANSPORTATION PTE LTD
OMER NO 7010045
ESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65508755 (O)

REGN NO.: SHC8911H	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 01.04.2018 11:55
YR OF MANU. 07.04.2016	TARGET DATE
CHASSIS CODE KMHLB41UMGU086912	COMPLETION DATE/TIME:

DUNT CARD NO.

JOB DESCRIPTION

Accident Date: 01.04.2018
ATURE: 3P 01.04.18

NO LABOR CODE DESCRIPTION

WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ledgement Slip

Exit Pass

No.: SHC8911H JU AXA

Vehicle No.: SHC8911H

f Service Advisor

Signature/Date

Name of Service Advisor

Date

turned to Service Reception upon collection

To be kept by Security Guard