

INS. CASE OWNER:

CC 3, LOR 1800 6194, Kipa3

LKK:

IDAC:

Surveyor:

Bnk

DOI:

ASSIGNMENT

31/4/18

Date / Time :

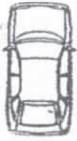
31/4/18

Registered in Merimen:

41918

Pre-assign / CCU / FTE

SLK 7830A



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. : HP: 29/03/18

Make / Model :

Excess Sec II :SS

D.O.A: 29/03/18

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

SHB 4122A



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE		DATE / PIC
SHB 4122A - 613/ATA (100 4848) 0910392 ; D.O.A: 29/3/11 SLK 7830A - X	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\$			
Disbursement: S\$	(e.g. Tow/ Independent)		1) Claim status: Normal/Reject/Private Settle
Legal Cost S\$			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 NO: 305137815

OMER

REGN NO:

SHB4122A

MILEAGE

S COMFORT TRANSPORTATION PTE LTD

OMER NO 7010045

ESS 383 SIN MING DRIVE

Singapore SINGAPORE 575717

(R) 65508755

(O)

(P)

MAKE:

HYUNDAI

FUEL

E.....1/2.....F

MODEL

I-40

02.04.2018 15:10

DATE/TIME IN

YR OF MANU

15.10.2015

TARGET DATE

CHASSIS CODE

KMHLB41UMGU078552

COMPLETION DATE/TIME:

DUNT CARD NO.

JOB DESCRIPTION

Accident Date: 29.03.2018

ATURE: 3P 29.03.18

NO

LABOR CODE

DESCRIPTION

WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

acknowledgement Slip

Exit Pass

No.: SHB4122A

JU AIG LKK

Vehicle No.:

SHB4122A

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard