

15/9/2010

INS. CASE OWNER:

CC 3 /AIG1800 6291, F1263

LKK:

IDAC:

Surveyor:

Kalvin

DOI:

ASSIGNMENT

4/4/18

Date / Time :

4/4/18

Registered in Merimen:

5/4/18

Pre-assign / CCU / FTE



Insured Vehicle No. :

SJH 49649

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :\$

D.O.A :

3/4/18

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 2456E



INSRS:
WSP:
Tel :
Liability :
RMKS:

WBE
WJ



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			STAGE	DATE / PIC
	SHA 2456E ->	SJH 49649 ->	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"/>
			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:	Post-Repair Photos:	<input type="checkbox"/>
			Others:	<input type="checkbox"/>
FINALIZATION	Date/Time:	Confirm with:	Confirm by:	
Repair Cost:	\$S	(days) Reduction: %	Email <input type="checkbox"/>	Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time:	Confirm with	Email <input type="checkbox"/>	Call <input type="checkbox"/>
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 <input type="checkbox"/>	LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/>	LOR + LOI <input type="checkbox"/>	[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:	
Total:	\$S	Global Sum \$S:	3) Survey fee:	
FINAL PAYMENT	Date/Time:	Confirm with:	Email <input type="checkbox"/>	Call <input type="checkbox"/>
Payee 1:	\$S	Name 1:		
Payee 2: (Strike if N.A.)	\$S	Name 2:		
Payee 3: (Strike if N.A.)	\$S	Name 3:		

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO305138402

CUSTOMER /MS COMFORT TRANSPORTATION PTE LTD CUSTOMER NO. 7010045 ADDRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 (R) 65508755 (O) (P) COUNT CARD NO.	REGN NO. SHA2456E	MILEAGE
	MAKE TOYOTA	FUEL E.....1/2.....F
	MODEL PRIUS HYBRID(G4)03.	DATE/TIME IN 04.2018 17:45
	YR OF MANU. 14.09.2016	TARGET DATE
	CHASSIS CODE JTDKB3FU103529339	COMPLETION DATE/TIME:

Handwritten signature

JOB DESCRIPTION

Accident Date: 03.04.2018

NATURE: 3P 03.04.2018

S/NO	LABOR CODE	DESCRIPTION
------	------------	-------------

CHECKED & PASSED OUT BY: _____

_____ SERVICE ADVISOR	_____ CUSTOMER'S SIGNATURE
--------------------------	-------------------------------

Acknowledgement Slip Date: Job No.: Vehicle No.:	Exit Pass Vehicle No.:
SHA2456E CHIANG @	SHA2456E
_____ Name of Service Advisor	_____ Name of Service Advisor
_____ Signature/Date	_____ Date
To be returned to Service Reception upon collection	To be kept by Security Guard