

INS. CASE OWNER:

CC 3/AIG1800

6293, F1W63

LKK:

IDAC:

Surveyor:

Fadwin

DOI:

ASSIGNMENT

4/4/18

Date / Time :

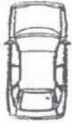
4/4/18

Registered in Merimen:

5/4/18

Pre-assign / CCU / FTE

SBR 9187



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

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 60584



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
	SHA 60584 - 2	Non-Reporting ltr (1st):	
	SBR 9187 - 4	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:	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\$		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:	

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

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45 Pandan Road Singapore 609286

32 Ubi Road 3 Singapore 686121

24 Senok Loop Singapore 738156

7 Sungai Kadut Way Singapore 728791

6 Defu Avenue 1 Singapore 539537

Date/Time: 04.04.2018 11:15

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Team: KH ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO305138405

CUSTOMER		REGN NO:	MILEAGE
COMFORT TRANSPORTATION PTE LTD		SHA6058U	
7010045		MAKE:	FUEL
CUSTOMER NO		HYUNDAI	E.....1/2.....F
ADDRESS 383 SIN MING DRIVE		MODEL	DATE/TIME IN
Singapore SINGAPORE 575717		SONATA	04.04.2018 09:50
65508755		YR OF MANU.	TARGET DATE
L (R) (P)		30.04.2011	
SCOUNT CARD NO.		CHASSIS CODE	COMPLETION DATE/TIME:
		KMHET41VMBA810113	

JOB DESCRIPTION

Accident Date: 03.04.2018
NATURE: 3P 03.04.18

S/NO	LABOR CODE	DESCRIPTION
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CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Signature:

Vehicle No.:

Vehicle No.: SHA6058U

SHA6058U

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard