

INS. CASE OWNER:

CC 3 / LK 1800 7104 / Kwa3

LKK:

IDAC:

Surveyor:

DOI:

ASSIGNMENT

Date / Time:

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : CLR 8083X

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : S\$ _____ D.O.A : 14/4/18

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 2573A

INSRS:
WSP: CMBLoyas.
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

SHA 2573A - X: CLR 8083X - 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:

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\$

Legal Cost S\$

(e.g. Tow/ Independent)

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 NO305142041

OWNER	REGN NO	MILEAGE
IS COMFORT TRANSPORTATION PTE LTD	SHA2573A	
OWNER NO 7010045	MAKE	FUEL
LESS 383 SIN MING DRIVE	HYUNDAI	E.....1/2.....F
Singapore SINGAPORE 575717	MODEL	DATE/TIME IN
65508755	SONATA	15.04.2018 09:45
(R)	YR OF MANU	TARGET DATE
(P)	31.07.2012	
DUPLICATE CARD NO.	CHASSIS CODE	COMPLETION DATE/TIME:
	KMHET41VMCA827858	

JOB DESCRIPTION

Accident Date: 14.04.2018
 ATURE: 3P 14.04.18

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

BOOKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE _____

Pledgement Slip

Exit Pass

No.: SHA2573A

JU AIG LKK

Vehicle No.:

SHA2573A

of Service Advisor

Signature/Date

Name of Service Advisor

Date _____

Returned to Service Reception upon collection

To be kept by Security Guard