

INS. CASE OWNER:

CC 4 / ASM1800

7286, K1ea3

LKK:

IDAC:

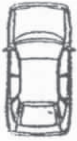
Surveyor:

DOI:

Date / Time:

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

Name of Insured :

Insured Tel No. :

HP:

Excess Sec II :SS

D.O.A :

Is driver the owner? ( YES / NO )

Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO )

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

Insured Liability : % Final ? Yes / No



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

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\$

(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:



Team: ARC Repair TP(CLSO)1 JOB CARD Sales Order: JC NO: 305143024

|                                    |                   |                       |
|------------------------------------|-------------------|-----------------------|
| CUSTOMER                           | REGN NO: SHA4255E | MILEAGE               |
| VMS COMFORT TRANSPORTATION PTE LTD | MAKE: HYUNDAI     | FUEL                  |
| CUSTOMER NO. 7010045               | MODEL: I-40       | E.....1/2.....F       |
| ADDRESS 383 SIN MING DRIVE         | DATE/TIME IN      | 17.04.2018 11:40      |
| Singapore SINGAPORE 575717         | YR OF MANU.       | TARGET DATE           |
| 65508755 (O)                       | 22.12.2016        |                       |
| L (R) (P)                          | CHASSIS CODE      | COMPLETION DATE/TIME: |
|                                    | KMHLB41UMHU097300 |                       |
| SCOUNT CARD NO.                    |                   |                       |

JOB DESCRIPTION

Accident Date: 17.04.2018  
NATURE: 3P 17.04.2018

| S/NO | LABOR CODE | DESCRIPTION            |
|------|------------|------------------------|
|      | AXA-       | taxi Right Rear damage |

CHECKED & PASSED OUT BY: \_\_\_\_\_

SERVICE ADVISOR CUSTOMER'S SIGNATURE

|                                               |                              |
|-----------------------------------------------|------------------------------|
| Acknowledgement Slip                          | Exit Pass                    |
| Vehicle No.: SHA4255E                         | Vehicle No.: SHA4255E        |
| Signature/Date                                | Signature/Date               |
| Name of Service Advisor                       | Name of Service Advisor      |
| Date                                          | Date                         |
| Returned to Service Reception upon collection | To be kept by Security Guard |

Larry Ng