

INS. CASE OWNER:

CC 3 /AIG1800 7521, 12663

LKK:

IDAC:

Surveyor:

falun

DOI:

ASSIGNMENT

21/4/18

Date / Time :

21/4/18

Registered in Merimen:

21/4/18

Pre-assign / CCU / FTE



Insured Vehicle No. :

SLN 836P

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

D.O.A :

21/4/18

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

SKB 36094



INSRS:

WSP:

Tel :

Liability :

RMKS:

WSP
W

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC
SKB 36094-4	Non-Reporting ltr (1st):	
SLN 836P-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:
Repair Cost:	S\$ (days) Reduction:	% Confirm by:
		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with:
Final Liability:	% (Agreed / Assessed) BOLA S/N No. :	Email ☐ Call ☐
Repair Cost:	S\$	If NO or B 28, Ass. Lia :
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:
Payee 1:	S\$	Name 1:
Payee 2: (Strike if N.A.)	S\$	Name 2:
Payee 3: (Strike if N.A.)	S\$	Name 3:

Quem: Kelvin

ASSIGNMENT

There

Team: ARC Repair TP(CFSO)1

JOB CARD Sales Order:

JC NO305144790

CUSTOMER

REGN NO:

SHB3609U

MILEAGE

COMPANY CITYCAB PTE LTD

MAKE:

HYUNDAI

FUEL

CUSTOMER NO 7010070

ADDRESS 383 SIN MING DRIVE

MODEL

I-40

DATE/TIME IN 21.04.2018 14:55

Singapore SINGAPORE 575717

L. (R) 65551188

(O)

YR OF MANU.

30.05.2015

TARGET DATE

(P)

CHASSIS CODE

KMHLB41UMGU074922

COMPLETION DATE/TIME:

SCOUNT CARD NO.

JOB DESCRIPTION

Accident Date: 21.04.2018

NATURE: 3P 21.04.2018

S/ LABOR CODE

DESCRIPTION

AC - taxi Left Rear damage
LRR/felmi -

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Signature:

Id:

Vehicle No.:

SHB3609U

LARRY

Vehicle No.:

SHB3609U

Larry Ng

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard