

15/5/2010

INS. CASE OWNER:

Ernst

CC 4 Asm AXA1800 7548, #1263

LKK:

IDAC:

Surveyor:

Kalim

DOI:

ASSIGNMENT

24/4/08

Date / Time :

24/4/08

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

SGF 2471X

Claim No. :

S8M00FW6 / 41294

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :\$\$

D.O.A :

24/4/08

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 46509



INSRS:

WSP:

Tel :

Liability :

RMKS:

LDGE W.



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SHA 46509 - WA/MA/1800525/03 24/4/08  
SGF 2471X - 4  
S8M00FW6

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:

\$\$

( 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:

\$\$

Loss of Rental (LOR):

\$\$

( days)

Loss of Use (LOU):

\$\$

(\$ x days)

Loss of Income (LOI):

\$\$

(\$ x days)

LOR only  LOU only

LOR + LOU

LOR + LOI

[Tick only one]

GIA/LTA Search

\$\$

Medical:

\$\$

1) Claim status: Normal/Reject/Private Settle

Disbursement:

\$\$

(e.g. Tow/ Independent )

2) Report Format:

Legal Cost

\$\$

3) Survey fee:

Total:

\$\$

Global Sum \$\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

\$\$

Name 1:

Payee 2: (Strike if N.A.)

\$\$

Name 2:

Payee 3: (Strike if N.A.)

\$\$

Name 3:



member of COMFORT DELGRO

Date/Time: 23.04.2018 10:06 Page : 1

am: IN ARC Repair TP(CLSO)1

**JOB CARD** Sales Order:

JC NO: 305144677

OMER S COMFORT TRANSPORTATION PTE LTD OMER NO 7010045 ESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 (R) (O) (P)	REGN NO. SHA4650Y	MILEAGE
	MAKE HYUNDAI	FUEL E.....1/2.....F
	MODEL SONATA	DATE/TIME IN 22.04.2018 10:10
	YR OF MANU 30.06.2011	TARGET DATE
	CHASSIS CODE KMHE141VMBA813295	COMPLETION DATE/TIME:

JUNT CARD NO.

JOB DESCRIPTION

Accident Date: 22.04.2018  
NATURE: 3P 22.04.18

NO	LABOR CODE	DESCRIPTION
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BOOKED & PASSED OUT BY: \_\_\_\_\_

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Check-out Slip

Exit Pass

No.: SHA4650Y JU AXA

Vehicle No.: SHA4650Y

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard