

INS. CASE OWNER:

CC3 / EQ11800 7567, K2hb3

LKK:  
IDAC:

Surveyor: Kalin

DOI: ASSIGNMENT  
m/4/18

Date / Time: m/4/18

Registered in Merimen:                     

**Pre-assign / CCU / FTE**



Insured Vehicle No. : GR7702J

Claim No. :                     

Name of Insured :                     

Policy No. :                     

Insured Tel No. :                      HP:                     

Make / Model :                     

Excess Sec II :S\$                      D.O.A : m/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

SKD 24604 →



INSRS:  
WSP: edhe  
Tel : m  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time	STAGE	DATE / PIC
<u>SKD 24604-4</u>		
<u>GR7702J-4</u>		
	Non-Reporting ltr (1st):	
	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	
	After call ltr to OI:	
	<b>Documentation Check List:</b> Handler Typist	
	Notification ltr (if non-pickup)	<input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/>
	LOD	<input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
<b>PRELIMINARY ADVICE</b> Date/Time:	Sent By:	Post-Repair Photos: <input type="checkbox"/>
		Others: <input type="checkbox"/>
<b>FINALIZATION</b> Date/Time:	Confirm with:	Confirm by:
Repair Cost: S\$	( days) Reduction: %	Email <input type="checkbox"/> Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b> Date/Time:	Confirm with	Email <input type="checkbox"/> Call <input type="checkbox"/>
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 <input type="checkbox"/> LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/>	[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:
<b>Total:</b>	<b>S\$</b>	<b>Global Sum S\$:</b>
<b>FINAL PAYMENT</b> Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	S\$	Name 1:
Payee 2: (Strike if N.A.)	S\$	Name 2:
Payee 3: (Strike if N.A.)	S\$	Name 3:



**Workshops**

59 Loyang Drive Singapore 508989  
383 Sin Ming Drive Singapore 575717  
45 Pandan Road Singapore 609286  
325 Hill Road Singapore 608649  
24 Senoko Loop Singapore 758156  
7 Sungei Kadut Way Singapore 728791  
6 Defu Avenue 1 Singapore 539537

A member of **COMFORTDELGRO**

Date/Time: **23.04.2018 10:21** Page : **1**

Team: **ARC Repair TP(CLS0)1**

**JOB CARD** Sales Order: **3819389**

JC NO**305144702**

CUSTOMER NAME: <b>COMFORT TRANSPORTATION PTE LTD</b> CUSTOMER NO. <b>7010045</b> ADDRESS <b>383 SIN MING DRIVE</b> <b>Singapore SINGAPORE 575717</b> (R) <b>65508755</b> (O) (P)	REGN NO.: <b>SHD3460U</b>	MILEAGE
	MAKE: <b>HYUNDAI</b>	FUEL E.....1/2.....F
	MODEL <b>I-40</b>	DATE/TIME IN <b>21.04.2018 14:50</b>
	YR OF MANU. <b>18.08.2016</b>	TARGET DATE
	CHASSIS CODE <b>KMHLB41UMGU093321</b>	COMPLETION DATE/TIME:

COUNT CARD NO.

JOB DESCRIPTION

Accident Date: **21.04.2018**  
NATURE: **3P 21.04.18/B**

*EQ*

S/NO                      LABOR CODE                      DESCRIPTION

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

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: **SHD3460U**                      **FZ**

Vehicle No.: **SHD3460U**

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard