

INS. CASE OWNER:

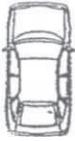
CC 3 / LOR 1800 7790 / Kija3

LKK:
IDAC:

Surveyor: AWK DOI: 26/4/18 Date / Time: 26/4/18
Registered in Merimen: 27/4/18

Pre-assign / CCU / FTE

SLE 3946H



Insured Vehicle No. : _____ Claim No. : _____
Name of Insured : _____ Policy No. : _____
Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :SS _____ D.O.A: 25/4/18 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

SHO 4354L



INSRS:
WSP: CD 66 / 17003
Tel : _____
Liability : _____
RMKS: _____



INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____

Date/ Time	STAGE	DATE / PIC	
SHO 4354L - CC3 / LOR 1800 7790 / Kija3 ; WSP: 24/18 SLE 3946H - X	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)	<input type="checkbox"/>	<input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/>	<input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>	<input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>	<input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/>	<input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>	<input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>	<input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/>	<input type="checkbox"/>
Medical Bill:	<input type="checkbox"/>	<input type="checkbox"/>	
PIR:	<input type="checkbox"/>	<input type="checkbox"/>	
Mandate/Reject Instruction:	<input type="checkbox"/>	<input type="checkbox"/>	
LOD	<input type="checkbox"/>	<input type="checkbox"/>	
Payment Breakdown Form:	<input type="checkbox"/>	<input type="checkbox"/>	

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____
Post-Repair Photos:
Others:

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: _____

COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd

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Mainline + 65 6383 6280 Facsimile + 65 6280 9755

Workshops
59 Loyang Drive Singapore 508969 24 Senoko Loop Singapore 7581
383 Sin Ming Drive Singapore 575717 7 Sungei Kadut Way Singapore 7
45 Pandan Road Singapore 608286 6 Defu Avenue 1 Singapore 5395
32 Hill Road Singapore 908643

A member of COMFORTDELGRO

Date/Time: 26.04.2018 10:27 Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD Sales Order:

JC NO 30515361

CUSTOMER MR/MS COMFORT TRANSPORTATION PTE LTD CUSTOMER NO. 7010045 ADDRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 TEL. (R) 65508755 (O) (P) DISCOUNT CARD NO.	REGN NO: SHD4354L	MILEAGE
	MAKE: HYUNDAI	FUEL E.....1/2.....
	MODEL SONATA	DATE/TIME IN 26.04.2018 08:3
	YR OF MANU. 05.07.2012	TARGET DATE
	CHASSIS CODE KMHET41VMCA826865	COMPLETION DATE/

JOB DESCRIPTION

Accident Date: 25.04.2018
NATURE: 3P 25.04.18

S/NO	LABOR CODE	DESCRIPTION
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CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Name:
I/C No.:
Vehicle No.: SHD4354L JU AIG LKK

Exit Pass

Vehicle No.: SHD4354L

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

To be returned to Service Reception upon collection

To be kept by Security Guard