

INS. CASE OWNER:

CC 3 / AIG1800 7992, / Clear

LKK:

IDAC:

Surveyor:

Amk

DOI:

ASSIGNMENT

30/4/18

Date / Time :

30/4/18

Registered in Merimen:

4/5/18

Pre-assign / CCU / FTE

SLC51994



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. : HP: 2814/18

Make / Model :

Excess Sec II :SS

D.O.A : 2814/18

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

SH8525H



INSRS:

WSP: ADHIC LOYAL

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time		STAGE	DATE / PIC
	SH8525H - a3/MW1400 59791 603W7; DOI: 28/3/2014	Non-Reporting ltr (1st):	
	SLC51994 - X	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\$		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:	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:	

member of COMFORTDELGRO

Date/Time: 30.04.2018 09:57 Page : 1

am: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO305154650

OMER
S COMFORT TRANSPORTATION PTE LTD
OMER NO 7010045
ESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755
(R)
(P)

REGN NO: SH 8525H	MILEAGE
MAKE TOYOTA	FUEL E.....1/2.....F
MODEL PRIUS HYBRID(G4)29.04.2018 10:30	DATE/TIME IN
YR OF MANU 26.07.2017	TARGET DATE
CHASSIS CODE JTDKE3FU303560821	COMPLETION DATE/TIME:

DUNT CARD NO.

JOB DESCRIPTION

Accident Date: 28.04.2018
ATURE: 3P 28.04.2018

NO LABOR CODE DESCRIPTION

CKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ledgement Slip

Exit Pass

No.: SH 8525H LKE

Vehicle No.: SH 8525H

of Service Advisor

Signature/Date

Name of Service Advisor

Date

eturned to Service Reception upon collection

To be kept by Security Guard