

INS. CASE OWNER:

CC 3 /EQI1800

8087, F1063

LKK:

IDAC:

Surveyor:

Edvin

DOI:

ASSIGNMENT

1/5/18

Date / Time :

1/5/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

FBL 8563C

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

D.O.A :

1/5/18

Place of Accident :

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability :

%

Final ? Yes / No

SHAGOR



INSRS:

WSP:

Tel :

Liability :

RMKS:

WBE
M

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC
SHAGOR - CS (4/10/18) / Edvin our. 10/1/18 FBL 8563C - 4	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:	☐ ☐	
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\$	
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:

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701
Mainline + 65 6383 6280 Facsimile + 65 6280 9755

Workshops

59 Loyang Drive Singapore 508969 24 Senoko Loop Singapore 758156
383 Sin Ming Drive Singapore 575717 7 Sungei Kadut Way Singapore 726791
45 Pandan Road Singapore 609286 6 Defu Avenue 1 Singapore 539537
32 Ubi Road Singapore 408649

member of COMFORTDELGRO

Date/Time: 02.05.2018 10:29 Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD Sales Order:

JC NO: 305155426

OWNER CITYCAB PTE LTD IS 7010070 OWNER NO 383 SIN MING DRIVE ADDRESS Singapore SINGAPORE 575717 65551188 (R) (O) (P)	REGN NO: SHA9150R MAKE: HYUNDAI MODEL: I-40 YR OF MANU: 08.12.2016 CHASSIS CODE: RMHLB41UMHU097185	MILEAGE FUEL E.....1/2.....F DATE/TIME IN: 02.05.2018 08:10 TARGET DATE COMPLETION DATE/TIME:
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IDENTIFICATION CARD NO.

JOB DESCRIPTION

Accident Date: 01.05.2018

ATURE: 3P 01.05.18

NO LABOR CODE DESCRIPTION

WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Redemption Slip

Exit Pass

No.: SHA9150R LIMITS

Vehicle No.: SHA9150R

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard