

INS. CASE OWNER:

CC 3/AIG1800

8122, F2W63

LKK:

IDAC:

Surveyor:

FALVIN

DOI:

ASSIGNMENT

2/5/18

Date / Time :

2/5/18

Registered in Merimen:

2/5/18

Pre-assign / CCU / FTE



Insured Vehicle No. :

SLM 2269T

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

D.O.A :

30/4/18

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

SH 6278A



INSRS:

WSP:

Tel :

Liability :

RMKS:

LHUE
M

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SH 6278A-X

SLM 2269T-X

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:

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:

COMFORTDELGRO ENGINEERING

member of COMFORTDELGRO

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383 Sin Ming Drive Singapore 575717 7 Sungei Kadut Way Singapore 728791
45 Pandan Road Singapore 609286 6 Defu Avenue 1 Singapore 539537
320 Hill Road Singapore 108019

Date/Time: 02.05.2018 10:28

Page : 1

am: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO: 305155425

OMER	REGN NO: SH 6238A	MILEAGE
S COMFORT TRANSPORTATION PTE LTD	MAKE: HYUNDAI	FUEL E.....1/2.....F
OMER NO 7010045	MODEL I-40	DATE/TIME IN 02.05.2018 09:50
ESS 383 SIN MING DRIVE	YR OF MANU 24.03.2016	TARGET DATE
Singapore SINGAPORE 575717	CHASSIS CODE KMHLB41UMGU085811	COMPLETION DATE/TIME:
65508755 (R) (O)		
(P)		
OUNT CARD NO.		

JOB DESCRIPTION

Accident Date: 30.04.2018

ATURE: 3P 30.04.18/C

NO	LABOR CODE	DESCRIPTION
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KED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

No.:

SH 6238A

LIMITS

Vehicle No.:

SH 6238A

Service Advisor

Signature/Date

Name of Service Advisor

Date

turned to Service Reception upon collection

To be kept by Security Guard