

15/5/2010

INS. CASE OWNER:

CC 3/AIG1800 8428, F2H63

LKK:

IDAC:

Surveyor:

K. N. V. in

DOI:

ASSIGNMENT

2/5/18

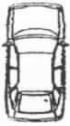
Date / Time :

7/5/18

Registered in Merimen:

8/5/18

Pre-assign / CCU / FTE



Insured Vehicle No. :

SKQ 6345X

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

4/5/18

Make / Model :

Excess Sec II :S\$

D.O.A :

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

SHL 8346P



INSRS:

WSP:

Tel :

Liability :

RMKS:

CARE
W

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SHL 8346P - LOR (11/10/18) 64/F2H63N2 DUT. 2/5/18
SKQ 6345X - 4

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\$

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:

Date/Time: 07.05.2018 14:28

Page : 1

am: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO: 305157531

OMER	REGN NO: SHC8346P	MILEAGE
S COMFORT TRANSPORTATION PTE LTD 7010045	MAKE: HYUNDAI	FUEL E.....1/2.....F
OMER NO 383 SIN MING DRIVE	MODEL I-40	DATE/TIME IN 07.05.2018 10:45
ESS Singapore SINGAPORE 575717 65508755	YR OF MANU 06.08.2015	TARGET DATE
(R) (P)	CHASSIS CODE RMHLB41UMGU076878	COMPLETION DATE/TIME:

UNT CARD NO.

JOB DESCRIPTION

cident Date: 04.05.2018

ATURE: 3P 04.05.18/C

NO	LABOR CODE	DESCRIPTION
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KED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

to.: SHC8346P

JU AIG LKK

Vehicle No.:

SHC8346P

Service Advisor

Signature/Date

Name of Service Advisor

Date

urned to Service Reception upon collection

To be kept by Security Guard®