

INS. CASE OWNER:

CC 3 / LCR180 09088 / Fipa3

LKK:

IDAC:

Surveyor:

fmrk

DOI:

ASSIGNMENT

15/5/18

Date / Time :

15/5/18

Registered in Merimen:

18/5/18

Pre-assign / CCU / FTE

SLK 93792



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

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 :

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

Driver Tel No. :

(V/L: YES / NO)

Insured Liability :

%

Final ? Yes / No

SHD 3186L



INSRS:

WSP:

Tel :

Liability :

RMKS:

omw
copy

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SHD 3186L - CS / FCI / 70 22616 / UV b2, v2, 23/11/18
SLK 93792 - 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

Cal

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 + LO ☐

[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

Cal

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: 17.05.2018 11:47 Page : 1

am: ARC Repair TP(CLSO)1 JOB CARD Sales Order: JC No305161409

OMER	REGN NO: SHD3186L	MILEAGE
S COMFORT TRANSPORTATION PTE LTD	MAKE: HYUNDAI	FUEL E.....1/2.....F
OMER NO 7010045	MODEL I-40	DATE/TIME IN 17.05.2018 00:55
ESS 383 SIN MING DRIVE	YR OF MANU. 30.06.2016	TARGET DATE
Singapore SINGAPORE 575717	CHASSIS CODE KMHLB41UMGU091579	COMPLETION DATE/TIME:
(R) 65508755 (O)		
(P)		
UNT CARD NO.		

JOB DESCRIPTION

cident Date: 16.05.2018
TURE: 3P 16.05.18

NO LABOR CODE DESCRIPTION

WORKED & PASSED OUT BY: _____

SERVICE ADVISOR	CUSTOMER'S SIGNATURE
ledgement Slip	Exit Pass
No.: SHD3186L JU AIG	Vehicle No.: SHD3186L
Signature/Date	Name of Service Advisor Date
turned to Service Reception upon collection	To be kept by Security Guard