

VO

CC4 / AXA 1800 9162 , KIP03

Surveyor: Amk

DOI: 18/5/18

Date / Time: 18/05/18

Registered in Merimen: 17/05/18

Pre-assign / CCU / FTE



Insured Vehicle No. : SMD 838J
Name of Insured : TRANS. CAB SERVICES P/L
Insured Tel No. : _____ HP: _____
Excess Sec II :SS _____ D.O.A: 17/05/18
Is driver the owner? (YES / NO) Nature of Accident :

Claim No. : _____
Policy No. : C0473741
Make / Model : _____
Place of Accident : _____

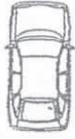
If NO, Driver Name / Age :

Driver Tel No. : _____ (V/L: YES / NO)

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

Insured Liability : % Final ? Yes / No

SAC 3103 G



INSRS:
WSP: CDWf
Tel : 0466 0466
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	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)	<input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/>
	LOD	<input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: 21/5 Sent By: [Signature]

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: _____

A member of COMFORTDELGRO

Date/Time: 17.05.2018 14:14 Page : 1

Team: ARC Repair TP(CLS0)1 **JOB CARD** Sales Order: JC NO:305161455

STOMER	REGN NO: SHC3103G	MILEAGE
VMS COMFORT TRANSPORTATION PTE LTD STOMER NO 7010045 DRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755	MAKE: MERCEDES BENZ	FUEL E.....1/2.....F
L (R) (P)	MODEL E220CDI (E5)	DATE/TIME IN 17.05.2018 09:10
SCOUNT CARD NO.	YR OF MANU 20.03.2014	TARGET DATE
	CHASSIS CODE WDD2120022A759349	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 17.05.2018
 NATURE: 3P 17.05.2018

S/NO	LABOR CODE	DESCRIPTION
		AXA (SHD 8383 Transub) - Front damage

CHECKED & PASSED OUT BY: _____

 SERVICE ADVISOR CUSTOMER'S SIGNATURE

Acknowledgement Slip

Vehicle No.: SHC3103G

Signature: *Larry Ng*

Name of Service Advisor: _____
 Signature/Date: _____

To be returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHC3103G

Name of Service Advisor: _____
 Date: _____

To be kept by Security Guard