

INS. CASE OWNER:

CC 3 / AIG1800 9394 / Nma3

LKK:
IDAC:

Surveyor:

DOI:

Date / Time:

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

Name of Insured :

Insured Tel No. :

HP:

Excess Sec II :SS

D.O.A :

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

SHD 6834 E



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SHD 6834 E - X; 8KW 4984 H - 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\$

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: 22.05.2018 13:14

Page : 1

am: ARC Repair TP(CLSO)1

JOB CARD Sales Order: 3826239

JG NO305163171

OMER
S COMFORT TRANSPORTATION PTE LTD
OMER NO 7010045
ESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65508755 (O)

(R) 65508755 (O)
(P)

OUNT CARD NO.

REGN NO.:

SHD6834E

MILEAGE

MAKE :

HYUNDAI

FUEL

E.....1/2.....F

MODEL

T-40

21.05.2018 17:15

YR OF MANU

23.06.2016

TARGET DATE

CHASSIS CODE

SJS CODE
KMHLB41UMGU091569

COMPLETION DATE/TIME:

JOB DESCRIPTION

cident Date: 21.05.2018
TURE: 3P 21.05.18/C

NO	LABOR CODE	DESCRIPTION
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KED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE _____

edgement Slip

Exit Pass

Id.: SHD6834E

FZ AIG LKK

Vehicle No.:

SHD6834E

Service Advisor

Signature/Date ..

Name of Service Advisor _____

Date _____

turned to Service Reception upon collection

To be kept by Security Guard