

INS. CASE OWNER:

CC 3 /AIG1800 9471, E1pb3

LKK:
IDAC:

Surveyor: Edlin DOI: ASSIGNMENT 27/5/18 Date / Time: 27/5/18
Registered in Merimen: 27/5/18

Pre-assign / CCU / FTE

SLX 5312Z



Insured Vehicle No. : _____
Name of Insured : _____
Insured Tel No. : _____ HP: _____
Excess Sec II :\$ _____ D.O.A : 27/5/18
Is driver the owner? (YES / NO) Nature of Accident : _____

Claim No. : _____
Policy No. : _____
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

SMB 3224H



INSRS:
WSP: MBE
Tel : W
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"/>
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____		
Repair Cost: \$ _____ (_____ days) Reduction: _____ % Email <input type="checkbox"/> Call <input type="checkbox"/>		
FINAL SETTLEMENT Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Call <input type="checkbox"/>		
Final Liability: % (Agreed / Assessed) BOLA S/N No. : _____ If NO or B 28, Ass. Lia : _____		
Repair Cost: \$ _____		
Loss of Rental (LOR): \$ _____ (_____ days)		
Loss of Use (LOU): \$ _____ (\$ _____ x _____ days)		
Loss of Income (LOI): \$ _____ (\$ _____ x _____ days)		
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]		
GIA/LTA Search \$ _____		
Medical: \$ _____		
Disbursement: \$ _____ (e.g. Tow/ Independent)		
Legal Cost \$ _____		
Total: \$ _____ Global Sum \$ \$: _____		
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Call <input type="checkbox"/>		
Payee 1: \$ _____ Name 1: _____		
Payee 2: (Strike if N.A.) \$ _____ Name 2: _____		
Payee 3: (Strike if N.A.) \$ _____ Name 3: _____		

A member of COMFORTDELGRO

Date/Time: 23.05.2018 14:10 Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD Sales Order: 3826545

JC NO305163633

STOMER	REGN NO: SHB3229H	MILEAGE
VMS CITYCAB PTE LTD 7010070	MAKE: HYUNDAI	FUEL E.....1/2.....F
STOMER NO. 383 SIN MING DRIVE Singapore SINGAPORE 575717	MODEL I-40	DATE/TIME IN 23.05.2018 10:15
DRESS 65551188	YR OF MANU. 15.12.2017	TARGET DATE
(R) (P)	CHASSIS CODE KMHLB41UMHU099995	COMPLETION DATE/TIME:
SCOUNT CARD NO.		

Accident Date: 23.05.2018
NATURE: 3P 23.05.18/B

JOB DESCRIPTION

REAR

*AIG
SLX5312Z*

S/NO LABOR CODE DESCRIPTION

CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

(2) 23/5 1410

Exit Pass

Vehicle No.: **SHB3229H**

Signature/Date: *FZ* *Kalwin*

Name of Service Advisor Date

Returned to Service Reception upon collection

To be kept by Security Guard

This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.