

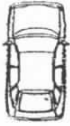
INS. CASE OWNER:

CC 3 / CTI1800 9744/FLW63

LKK:
IDAC:

Surveyor: Kalvin DOI: ASSIGNMENT 28/5/18 Date / Time : 28/5/18
Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SLD 338M Claim No. : _____
Name of Insured : _____ Policy No. : _____
Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :\$ _____ D.O.A : 28/5/18 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

SMB 66465 → _____ → _____ → _____



INSRS: _____
WSP: WBE
Tel : _____
Liability : _____
RMKS: _____



INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____

Date/ Time	STAGE	DATE / PIC	
<u>SMB 66465 - 16/01/2018/20/06/18/21/07/18</u> <u>SLD 338M - 7</u>	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"/>	<input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/>	<input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>	<input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>	<input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/>	<input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>	<input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>	<input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/>	<input type="checkbox"/>
Medical Bill:	<input type="checkbox"/>	<input type="checkbox"/>	
PIR:	<input type="checkbox"/>	<input type="checkbox"/>	
Mandate/Reject Instruction:	<input type="checkbox"/>	<input type="checkbox"/>	
LOD	<input type="checkbox"/>	<input type="checkbox"/>	
Payment Breakdown Form:	<input type="checkbox"/>	<input type="checkbox"/>	

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____ Post-Repair Photos:
Others:

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: _____

member of COMFORTDELGRO

Date/Time: 28.05.2018 15:47

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am: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO 305165611

OMER S COMFORT TRANSPORTATION PTE LTD OMER NO 7010045 ESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 (R) 65508755 (O) (P) JUNT CARD NO.	REGN NO: SHB6646S	MILEAGE
	MAKE: HYUNDAI	FUEL E.....1/2.....F
	MODEL I-40	DATE/TIME IN 28.05.2018 11:15
	YR OF MANU 03.01.2014	TARGET DATE
	CHASSIS CODE KMLB41UMDU043394	COMPLETION DATE/TIME:

CHINA

JOB DESCRIPTION

Incident Date: 28.05.2018
 NATURE: 3P 28.05.2018

NO	LABOR CODE	DESCRIPTION
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BOOKED & PASSED OUT BY: _____

_____	_____
SERVICE ADVISOR	CUSTOMER'S SIGNATURE

Acknowledgement Slip No.: SHB6646S LKE _____ Name of Service Advisor Returned to Service Reception upon collection	Exit Pass Vehicle No.: SHB6646S _____ Signature/Date To be kept by Security Guard
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