

CC3 / MG1800 9901, Kpa3

IDAC:

INS. CASE OWNER:

ASSIGNMENT

31/05/2018

Surveyor:

Kalin

DOI:

31/05/2018

Date / Time:

Registered in Merimen:

31/05/2018

Pre-assign / CCU / FTE

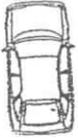
SLK 9010 L

Claim No. :

Policy No. :

Make / Model :

Place of Accident :



Insured Vehicle No. :

Name of Insured :

Insured Tel No. :

HP:

D.O.A: 30/05/2018

Excess Sec II :SS

Is driver the owner?

(YES / NO)

Nature of Accident :

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

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

Insured Liability : %

Final ? Yes / No

SH 8243 X



INSRS:

WSP: CDLH 69423

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC
SH8243 X - X : SLK 9010 L - X	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"/>
	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____ Confirm with: _____ Confirm by: _____

FINALIZATION Date/Time: _____ Confirm with: _____ Email Call

Repair Cost: S\$ _____ (_____ days) Reduction: _____ %

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\$: _____ Email Call

FINAL PAYMENT Date/Time: _____ Confirm with: _____

Payee 1: S\$ _____ Name 1: _____

Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____

Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____

- 1) Claim status: Normal/Reject/Private Settle
- 2) Report Format:
- 3) Survey fee:

member of COMFORTDELGRO

Date/Time: 31.05.2018 15:00 Page : 1

am: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO: 305167696

OMER
IS COMFORT TRANSPORTATION PTE LTD
OMER NO. 7010045
ADDRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65508755 (O)
(P)
IDENTIFICATION CARD NO.

REGN NO: SH 8243X	MILEAGE
MAKE: TOYOTA	FUEL E.....1/2.....F
MODEL PRIUS HYBRID(G4)30.05.2018	DATE/TIME IN 21:20
YR OF MANU. 15.06.2017	TARGET DATE
CHASSIS CODE JTDKB3FU503558553	COMPLETION DATE/TIME:

AIG

JOB DESCRIPTION

Accident Date: 30.05.2018
NATURE: 3P 30.06.2018

NO LABOR CODE DESCRIPTION

CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Vehicle Identification Slip
No.: SH 8243X LKE
Signature/Date
Returned to Service Reception upon collection

Exit Pass
Vehicle No.: SH 8243X
Name of Service Advisor
Date
To be kept by Security Guard