

15/5/2010

INS. CASE OWNER:

CC 3/QBE1801 0297, K1 j63

LKK:  
IDAC:

Surveyor: Kallin

DOI: ASSIGNMENT  
6/6/18

Date / Time : 6/6/18

Registered in Merimen:         

Pre-assign / CCU / FTE

SCW 7880



Insured Vehicle No. : SCW 7880

Claim No. :         

Name of Insured :         

Policy No. :         

Insured Tel No. :          HP:         

Make / Model :         

Excess Sec II : \$          D.O.A : 6/6/18

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**

SHC 731m



INSRS: wbe  
WSP: w  
Tel :           
Liability :           
RMKS:         



INSRS:           
WSP:           
Tel :           
Liability :           
RMKS:         



INSRS:           
WSP:           
Tel :           
Liability :           
RMKS:         



INSRS:           
WSP:           
Tel :           
Liability :           
RMKS:         

Date/Time		STAGE	DATE / PIC
	<u>SHC 731m - x</u>		
	<u>SCW 7880 - x</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:	
		<b>Documentation Check List:</b>	<b>Handler</b> <b>Typist</b>
		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"/>
<b>PRELIMINARY ADVICE</b>	Date/Time: <u>        </u>	Sent By: <u>        </u>	Post-Repair Photos: <input type="checkbox"/> <input type="checkbox"/>
			Others: <input type="checkbox"/> <input type="checkbox"/>
<b>FINALIZATION</b>	Date/Time: <u>        </u>	Confirm with: <u>        </u>	Confirm by: <u>        </u>
Repair Cost:	\$S <u>        </u>	( <u>        </u> days) Reduction: % <u>        </u>	Email <input type="checkbox"/> Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b>	Date/Time: <u>        </u>	Confirm with: <u>        </u>	Email <input type="checkbox"/> Call <input type="checkbox"/>
Final Liability:	% <u>        </u>	(Agreed / Assessed) BOLA S/N No. : <u>        </u>	If NO or B 28, Ass. Lia : <u>        </u>
Repair Cost:	\$S <u>        </u>		
Loss of Rent <sup>1</sup> (LOR):	\$S <u>        </u>	( <u>        </u> days)	
Loss of Use (LOU):	\$S <u>        </u>	(S <u>        </u> x <u>        </u> days)	
Loss of Income (LOI):	\$S <u>        </u>	(S <u>        </u> x <u>        </u> days)	
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/>	[Tick only one]	
GIA/LTA Search	\$S <u>        </u>		
Medical:	\$S <u>        </u>		1) Claim status: Normal/Reject/Private Settle
Disbursement:	\$S <u>        </u>	(e.g. Tow/ Independent )	2) Report Format: <u>        </u>
Legal Cost	\$S <u>        </u>		3) Survey fee: <u>        </u>
<b>Total:</b>	\$S <u>        </u>	<b>Global Sum \$S:</b>	
<b>FINAL PAYMENT</b>	Date/Time: <u>        </u>	Confirm with: <u>        </u>	Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	\$S <u>        </u>	Name 1: <u>        </u>	
Payee 2: (Strike if N.A.)	\$S <u>        </u>	Name 2: <u>        </u>	
Payee 3: (Strike if N.A.)	\$S <u>        </u>	Name 3: <u>        </u>	



A member of COMFORTDELGRO

Date/Time: 05.06.2018 15:44 Page : 1

Team: ARC Repair TP(CFSO)1

**JOB CARD** Sales Order:

JC No: 305169931

CUSTOMER MS CITYCAB PTE LTD CUSTOMER NO. 7010070 ADDRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 (R) 65551188 (O) (P)	REGN NO. SHC 731M	MILEAGE
	MAKE HYUNDAI	FUEL E.....1/2.....F
	MODEL I-40	DATE/TIME IN 05.06.2018 12:50
	YR OF MANU. 10.07.2014	TARGET DATE
	CHASSIS CODE KMLB41UMEU057938	COMPLETION DATE/TIME:

*QBE*

Accident Date: 04.06.2018  
NATURE: 3P 04.06.2018

JOB DESCRIPTION

W/NO                      LABOR CODE                      DESCRIPTION

CHECKED & PASSED OUT BY: \_\_\_\_\_

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHC 731M      LKE

Vehicle No.: SHC 731M

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard