

cc 3, AMG 180 10477, Klha3

LKK:
IDAC:

INS. CASE OWNER:

Surveyor: AWK DOI: ASSIGNMENT 7/6/18 Date / Time: 7/6/18
Registered in Merimen: 8/6/18

Pre-assign / CCU / FTE

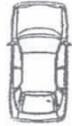
SJA 8767M



Insured Vehicle No. : _____ 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

SHD 41647



INSRS: _____
WSP: 01626
Tel : _____
Liability : COYAS
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"/> <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: _____

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____

Repair Cost: \$\$ (_____ 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: \$
Loss of Rental (LOR): \$ (_____ days)
Loss of Use (LOU): \$ (\$ x _____ days)
Loss of Income (LOI): \$ (\$ x _____ days)

LOR only LOU only LOR + LOU LOR + LOI [Tick only one]

GIA/LTA Search: \$
Medical: \$
Disbursement: \$ (e.g. Tow/ Independent)
Legal Cost: \$

Total: \$ Global Sum \$:
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email Call

Payee 1: \$ Name 1: _____
Payee 2: (Strike if N.A.) \$ Name 2: _____
Payee 3: (Strike if N.A.) \$ Name 3: _____

OMFORTDELGRO ENGINEERING

member of COMFORTDELGRO

Ang LKK

ComfortDelGro Engineering Pte Ltd

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383 Sin Ming Drive Singapore 575717 7 Sungei Kadut Way Singapore 728791
45 Pandan Road Singapore 609286 5 Defu Avenue 1 Singapore 539537
322 Loh Road 3 Singapore 408649

Date/Time: 07.06.2018 08:16 Page : 1

am: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO305170375

JMER COMFORT TRANSPORTATION PTE LTD JMER NO. 7010045 ESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 (R) 65508755 (O) (P)	REGN NO: SHD4164T	MILEAGE
	MAKE: HYUNDAI	FUEL E.....1/2.....F
	MODEL SONATA	DATE/TIME IN 06.06.2018 14:20
	YR OF MANU. 27.04.2012	TARGET DATE
	CHASSIS CODE KMHET41VMCA824361	COMPLETION DATE/TIME:

UNT CARD NO.

JOB DESCRIPTION

cident Date: 06.06.2018

TURE: 3P 06.06.18/C

NO LABOR CODE DESCRIPTION

D & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

gement Slip

Exit Pass

SHD4164T

LIMITS

Vehicle No.:

SHD4164T

Service Advisor

Signature/Date

Name of Service Advisor

Date