

15/5/2010

INS. CASE OWNER:

Kianchuan CC 4/AXA 1801 1101, KLP63

LKK:
IDAC:

Surveyor: Falvin DOI: ASSIGNMENT 18/6/08 Date / Time: 18/6/08
Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SLO 1A90Y Claim No. : S8M00K40 / 4M25
Name of Insured : _____ Policy No. : _____
Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :SS _____ D.O.A : 15/6/08 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

SLO 1A90Y → → → → →



INSRS: WSP: 0168
Tel : W
Liability :
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time	STAGE	DATE / PIC
<u>SLO 1A90Y - 15/6/08</u>	Non-Reporting ltr (1st):	
<u>SLO 1A90Y - 4</u>	Non-Reporting ltr (2nd):	
<u>Assignment claim</u>	Non-Reporting ltr (Final):	
<u>DINK</u>	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"/>
	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____

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 + LO [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:

COMFORTDELGRO ENGINEERING

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Workshops

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 383 Sin Ming Drive Singapore 575717 7 Sungei Kadut Way Singapore 728791
 45 Pandan Road Singapore 609286 6 Defu Avenue 1 Singapore 539537
 321 Woodlands Road Singapore 730869

member of COMFORTDELGRO

Date/Time: 18.06.2018 08:59 Page : 1

am: ARC Repair TP(CFSO)1

JOB CARD Sales Order:

JC NO: 305176024

OMER	REGN NO: SHC7213X	MILEAGE
S CITYCAB PTE LTD 7010070	MAKE: HYUNDAI	FUEL E.....1/2.....F
OMER NO 383 SIN MING DRIVE	MODEL I-40	DATE/TIME IN 16.06.2018 09:45
ESS Singapore SINGAPORE 575717 65551188	YR OF MANU 14.07.2016	TARGET DATE
(R) (O) (P)	CHASSIS CODE KMHLB41UMGU092421	COMPLETION DATE/TIME:
UNIT CARD NO.		

cident Date: 15.06.2018
 TURE: 3P 15.06.18

JOB DESCRIPTION

NO	LABOR CODE	DESCRIPTION
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ED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

dgement Slip

Exit Pass

Vehicle No.: SHC7213X LIMITS

Vehicle No.: SHC7213X

Service Advisor

Signature/Date

Name of Service Advisor

Date

rned to Service Reception upon collection

To be kept by Security Guard