

INS. CASE OWNER:

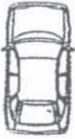
CC 3, ALG 180 11389, K1ja3

LKK: IDAC:

Surveyor: Awk DOI: 21/6/18 Date / Time: 21/6/18 Registered in Merimen: 22/6/18

Pre-assign / CCU / FTE

SGV 9811 T

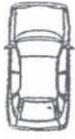


Insured Vehicle No. : _____ Claim No. : _____
Name of Insured : _____ Policy No. : _____
Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :SS _____ D.O.A: 8-6-18 Place of Accident : _____
Is driver the owner? (YES / NO) Nature of Accident : _____

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

MBJ

SHD 4400 L → _____ → _____ → _____ → _____



INSRS: _____
WSP: CDHE MYAS
Tel : _____
Liability : _____
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"/>
	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <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 + LOI [Tick only one]

GIA/LTA Search: S\$ _____

Medical: S\$ _____

Disbursement: S\$ _____ (e.g. Tow/ Independent)

Legal Cost: S\$ _____

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: 21.06.2018 14:49 Page : 1

ARC Repair TP(CLSO)1

JOB CARD Sales Order: 3830661

JC NO: 305173184

COMFORT TRANSPORTATION PTE LTD
 7010045
 383 SIN MING DRIVE
 Singapore SINGAPORE 575717
 65508755 (O)

REGN NO: SHD4400L	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL SONATA	DATE/TIME IN 08.06.2018 01:05
YR OF MANU 26.07.2012	TARGET DATE
CHASSIS CODE KMHET41VMCA827902	COMPLETION DATE/TIME:

ARD NO.

JOB DESCRIPTION

ent Date: 08.06.2018
 E: 3P 08.06.18 (POUND)

LABOR CODE	DESCRIPTION
0 23-01	TOWING FEE

PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ent Slip

Exit Pass

SHD4400L JU

Vehicle No.: SHD4400L

Service Advisor Signature/Date

Name of Service Advisor Date

To Service Reception upon collection

To be kept by Security Guard