

INS. CASE OWNER:

CC 4 / ASM 180 11494, Kiwa3

LKK:

IDAC:

53372

Surveyor:

Awe

DOI:

ASSIGNMENT

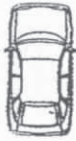
25/6/18

Date / Time:

25/6/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SKK 98460

Name of Insured:

Luo Yinch Yinch

Insured Tel No.:

HP:

96689826

Excess Sec II :\$S

D.O.A:

21/6/18

Is driver the owner?

(YES / NO)

Nature of Accident:

Claim No.:

S8mon25m

Gx

Policy No.:

Make / Model:

Place of Accident:

Manna Station Rd

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

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

Insured Liability:

%

Final ? Yes / No

SHA 7078E



INSRS:

WSP:

Tel:

Liability:

RMKS:

Chua Weng.



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

SHA 7078E. 02/06/18 0854 111wa3; 0091816
- 02/06/18 0854 111wa3; 0091816
SKK 98460 - X

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)

After call ltr to OI:

Authorisation To Act:

Release Voucher:

Final Repair Bill:

Car Rental Invoice:

Towing Invoice

LTA / GIA :

Medical Bill:

PIR:

Mandate/Reject Instruction:

LOD

Payment Breakdown Form:

Post-Repair Photos:

Others:

PRELIMINARY ADVICE Date/Time:

26/6

Sent By:

Awe

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\$

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

A member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701

Mainline + 65 6383 6280 Facsimile + 65 6280 9755

Workshops

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383 Sin Ming Drive Singapore 575717

45 Pandan Road Singapore 609288

320 Hill Road Singapore 1008819

24 Senoko Loop Singapore 756156

7 Sungei Kadut Way Singapore 728791

6 Defu Avenue 1 Singapore 539537

Date/Time: 22.06.2018 16:07

Page : 1

Team: IN ARC Repair TP(CLS0)1

JOB CARD Sales Order:

JC NO 305178645

CUSTOMER

NAME COMFORT TRANSPORTATION PTE LTD

VEHICLE NO 7010045

ADDRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717

TEL (R) 65508755

(O)

SCOUT CARD NO.

REGN NO:

SHA7078E

MILEAGE

MAKE:

HYUNDAI

FUEL

E.....1/2.....F

MODEL

SONATA

DATE/TIME IN

21.06.2018 19:50

YR OF MANU

31.05.2011

TARGET DATE

CHASSIS CODE

KMHET41VMB811578

COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 21.06.2018

NATURE: 3P 21.06.2018

S/NO

LABOR CODE

DESCRIPTION

AXIA - taxi left front damage

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Signature

Vehicle No.: SHA7078E

LARRY

Vehicle No.:

SHA7078E

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard