

INS. CASE OWNER:

CC3 / LCP 180 11614 / K1ja3

LKK:

IDAC:

Surveyor:

AWK

DOI:

ASSIGNMENT

25-6-18

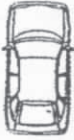
Date / Time:

25-6-18

Registered in Merimen.

26-6-16

Pre-assign / CCU / FTE



Insured Vehicle No. : SLG 94480

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :SS

D.O.A: 23-6-18

Place of Accident :

Is driver the owner? (YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

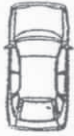
Driver Tel No. :

(V/L: YES / NO)

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

Insured Liability : % Final ? Yes / No

SHA7924M

INSRS:
WSP: 0176 10443
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

SHA7924M CC3/mr 000 5426/21/18; D.O.A: 15/7/18
SLG 94480 - 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:		

PRELIMINARY ADVICE Date/Time:

Sent By:

Post-Repair Photos:

Others:

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:

Surra-ur: Kalvin

ASSIGNMENT

Date: _____ Person Contacted: _____

The U/C / Chassis frame / Body Structure affected due to collision.

TOTAL

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

JC NO.: 305179256

COMER
S COMFORT TRANSPORTATION PTE LTD
7010045
COMER NO 383 SIN MING DRIVE
ESS Singapore SINGAPORE 575717
65508755
(R) (O)
(P)

REGN NO	SHA7924M	MILEAGE
MAKE	HYUNDAI	FUEL E.....1/2.....F
MODEL	I-40	DATE/TIME IN 23.06.2018 20:10
YR OF MANU	16.07.2015	TARGET DATE
CHASSIS CODE	KMHLB41UMGU075386	COMPLETION DATE/TIME:

OUNT CARD NO.

JOB DESCRIPTION

Accident Date: 23.06.2018
NATURE: 3P 23.06.2018

S/NO LABOR CODE DESCRIPTION

WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

acknowledgement Slip

No.: SHA7924M

LKE

Exit Pass

Vehicle No.: SHA7924M

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard