

15/5/2010

INS. CASE OWNER:

CC 3 /AIG1801

LKK:

IDAC:

Surveyor:

Kalvin

DOI:

ASSIGNMENT

Date / Time :

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

Name of Insured :

Insured Tel No. :

Excess Sec II :\$

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

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

Insured Liability :

%

Final ? Yes / No



INSRS:

WSP:

Tel :

Liability :

RMKS:

COGE
LO

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

Date/ Time	STAGE	DATE / PIC
SHA 26616 SGM 9007X	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:	\$	(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):	\$	(S x days)	
Loss of Income (LOI):	\$	(S x days)	
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LO ☐		[Tick only one]	
GIA/LTA Search	\$		
Medical:	\$		
Disbursement:	\$	(e.g. Tow/ Independent)	1) Claim status: Normal/Reject/Private Settle
Legal Cost	\$		2) Report Format:
Total:	\$	Global Sum \$:	3) Survey fee:
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:	

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order: 3834902

JC NO.: 305180172

STOMER

COMFORT TRANSPORTATION PTE LTD

/MS 7010045

STOMER NO 383 SIN MING DRIVE

DRESS Singapore SINGAPORE 575717

65508755

(R) (O)

(P)

COUNT CARD NO.

REGN NO

SHA2661D

MILEAGE

MAKE :

TOYOTA

FUEL

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

MODEL

PRIUS HYBRID(G4)26.06.2018 13:15

DATE/TIME IN

YR OF MANU

30.05.2017

TARGET DATE

CHASSIS CODE

JTDKB3FU603557363

COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 26.06.2018

NATURE: 3P 26.06.18/C

S/NO

LABOR CODE

DESCRIPTION

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

owledge Slip

Exit Pass

3:

O.:

le No.:

SHA2661D

FZ AIG LKK

Vehicle No.:

SHA2661D

of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard