

INS. CASE OWNER:

NAZ

ASSIGNMENT

DOI: 3/7/18

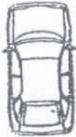
Date / Time: 3/7/18

Surveyor:

Registered in Merimen:

Pre-assign / CCU / FTE

GBF 6980 B



Insured Vehicle No. :

Name of Insured :

Insured Tel No. :

HP:

D.O.A: 07/07/2018

Excess Sec II :SS

Is driver the owner? (YES / NO)

Nature of Accident :

Claim No. :

Policy No. :

Make / Model :

Place 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

SAD 3194M



INSRS:
WSP:
Tel :
Liability :
RMKS:

CRUTE 10yang.



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
SAD 3194M	Non-Reporting ltr (1st):	
CLY/M 17019919/21pb3q2:03A, 14/1/17	Non-Reporting ltr (2nd):	
LSZ/M 1700 20 48/1214352-1, 10th, 8/7/17	Non-Reporting ltr (Final):	
GBF 6980B - X	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:	
Repair Cost: S\$	(days) Reduction: %	Confirm by: Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT Date/Time:	Confirm with	
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 <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/>	[Tick only one]	
GIA/LTA Search S\$		1) Claim status: Normal/Reject/Private Settle
Medical: S\$		2) Report Format:
Disbursement: S\$	(e.g. Tow/ Independent)	3) Survey fee:
Legal Cost S\$		
Total: S\$	Global Sum S\$:	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL PAYMENT Date/Time:	Confirm with:	
Payee 1: S\$	Name 1:	
Payee 2: (Strike if N.A.) S\$	Name 2:	
Payee 3: (Strike if N.A.) S\$	Name 3:	

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305182429

STOMER /MS COMFORT TRANSPORTATION PTE LTD STOMER NO. 7010045 DRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 (R) (O) (P) COUNT CARD NO.	REGN NO: SHD3194M	MILEAGE
	MAKE: HYUNDAI	FUEL E.....1/2.....F
	MODEL I-40	DATE/TIME IN 02.07.2018 14:55
	YR OF MANU. 24.11.2016	TARGET DATE
	CHASSIS CODE KMHLB41UMHU096630	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 02.07.2018
NATURE: 3P 02.07.2018

S/NO	LABOR CODE	DESCRIPTION
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CHECKED & PASSED OUT BY: _____

_____ SERVICE ADVISOR	_____ CUSTOMER'S SIGNATURE
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Knowledge Slip

Name: _____
No.: _____
Plate No.: SHD3194M CHIANG

Name of Service Advisor

Signature/Date

To be returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHD3194M

Name of Service Advisor

Date

To be kept by Security Guard