

15/5/2010

INS. CASE OWNER:

CC4 / LPC1801

LKK:

IDAC:

Surveyor:

Max

DOI:

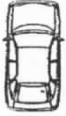
ASSIGNMENT

Date / Time:

4/7/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

FBG M40A

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

D.O.A :

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

SM 68859



INSRS:

WSP:

Tel :

Liability :

RMKS:

LOBE
M

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time		STAGE	DATE/ PIC
	SM 68859 - x	Non-Reporting ltr (1st):	
	FBG M40A - x	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: 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 + LO ☐		[Tick only one]	
GIA/LTA Search	S\$		
Medical:	S\$		
Disbursement:	S\$	(e.g. Tow/ Independent)	1) Claim status: Normal/Reject/Private Settle
Legal Cost	S\$		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

59 Loyang Drive Singapore 508969

24 Senoko Loop Singapore 758156

383 Sin Ming Drive Singapore 575717

7 Sungei Kadut Way Singapore 728791

45 Pandan Road Singapore 609286

6 Defu Avenue 1 Singapore 539537

320 Ubi Road Singapore 408049

Date/Time: 03.07.2018 09:57 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305182790

CUSTOMER

REGN NO.:

SH 6885G

MILEAGE

COMPANY

COMFORT TRANSPORTATION PTE LTD

MAKE :

TOYOTA

FUEL

CUSTOMER NO.

7010045

MODEL

PRIUS HYBRID(G4)02.07.2018 16:05

DATE/TIME IN

ADDRESS

383 SIN MING DRIVE

Singapore SINGAPORE 575717

YR OF MANU.

30.05.2017

TARGET DATE

L. (R)

65508755

(O)

(P)

CHASSIS CODE

JTDKB3FU103557108

COMPLETION DATE/TIME:

SCOUNT CARD NO.

JOB DESCRIPTION

Accident Date: 02.07.2018

NATURE: 3P 02.07.18

S/NO

LABOR CODE

DESCRIPTION

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

3:

0.:

File No.:

SH 6885G

LIMITS

Vehicle No.:

SH 6885G

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard