

15/5/2010

INS. CASE OWNER:

CC 3/EQ1801

LKK:

IDAC:

Surveyor:

Fahim

DOI:

ASSIGNMENT

26/5/18

Date / Time :

26/5/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

GPD 37614

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :\$

D.O.A :

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

SKA 4877B



INSRS:

WSP:

Tel :

Liability :

RMKS:

COHE
W

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SKA 4877B - X

GPD 37614 - F

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:

Sent By:

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):

\$

(\$

(x days)

Loss of Income (LOI):

\$

(\$

(x days)

LOR only ☐ LOU only ☐LOR + LOU ☐LOR + LO ☐

[Tick only one]

GIA/LTA Search

\$

Medical:

\$

Disbursement:

\$

(e.g. Tow/ Independent)

Legal Cost

\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

Total:

\$

Global Sum \$:

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:

COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701
Mainline + 65 6383 6280 Facsimile + 65 6280 9755

Workshops

59 Loyang Drive Singapore 508969
383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 699286
101 Ubi Road 3 Singapore 408732

24 Senoko Loop Singapore 758156
7 Sungei Kadut Way Singapore 728791
501 Yishun Industrial Park A Singapore 758732

number of COMFORTDELGRO

Date/Time: 25.07.2018 16:06

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305192169

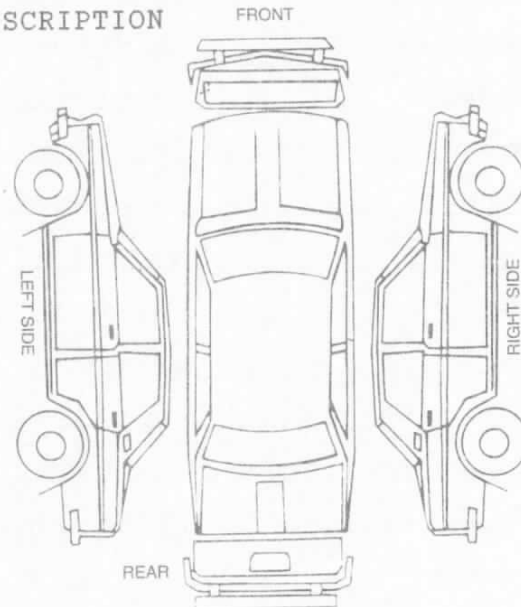
MER COMFORT TRANSPORTATION PTE LTD 7010045 MER NO. 383 SIN MING DRIVE SS Singapore SINGAPORE 575717 65508755 (R) (O) (P) UNT CARD NO.	REGN NO.: SHA2483B	MILEAGE
	MAKE: HYUNDAI	FUEL E.....1/2.....F
	MODEL SONATA	DATE/TIME IN: 25.07.2018 13:55
	YR OF MAKE: 25.11.2010	TARGET DATE
	CHASSIS CODE: RMHET41VMAA796606	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 25.07.2018
NATURE: 3P 25.07.18/C

S/NO LABOR CODE

DESCRIPTION



WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Redemption Slip

Exit Pass

No.: SHA2483B LIMITS

Vehicle No.: SHA2483B

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard