

15/5/2010

INS. CASE OWNER:

CC 4/AXA1801

5545, F2663

LKK:

IDAC:

Surveyor:

falvin.

DOI:

ASSIGNMENT

w/8/18

Date / Time :

w/8/18

Registered in Merimen:

w/8/18

Pre-assign / CCU / FTE



Insured Vehicle No. :

SHC 57N7

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

D.O.A :

w/8/18

Place of Accident :

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

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

Insured Liability :

%

Final ? Yes / No

SHD 44855



INSRS:

WSP:

Tel :

Liability :

RMKS:

NOTE
w

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC
SHD 44855 - 4	Non-Reporting ltr (1st):	
SHC 57N7 - 44/AXA1801/57 (SHD 44855) w/8/18	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\$	(S x days)	
Loss of Income (LOI): S\$	(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)	
Legal Cost S\$		
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:	

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

JC NO.: 305202588

STOMER

COMFORT TRANSPORTATION PTE LTD
7010045
STOMER NO. 383 SIN MING DRIVE
DRESS Singapore SINGAPORE 575717
65508755 (R) (O)
(P)

SCOUNT CARD NO.

REGN NO.: SHD4485S

MILEAGE

MAKE : HYUNDAI

FUEL

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

MODEL SONATA

DATE/TIME IN 20.08.2018 16:40

YR OF MANU 28.09.2012

TARGET DATE

CHASSIS CODE KMHET41VMCA830409

COMPLETION DATE/TIME:

JOB DESCRIPTION

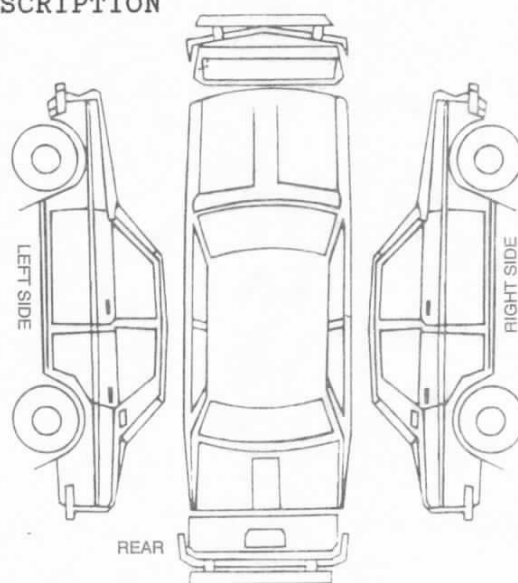
Accident Date: 19.08.2018
NATURE: 3P 19.08.2018

S/NO

LABOR CODE

DESCRIPTION

FRONT



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Knowledge Slip

Exit Pass

e:

lo.:

cle No.:

SHD4485S

CHIANG

Vehicle No.:

SHD4485S

ie of Service Advisor

Signature/Date

Name of Service Advisor

Date

e returned to Service Reception upon collection

To be kept by Security Guard