

15/5/2010

INS. CASE OWNER:

F. Chuan

CC 4 ASM

/AXA1801

6/22

Kubh

LKK:

IDAC:

Surveyor:

Kalvin

DOI:

ASSIGNMENT

7/1/18

Date / Time:

u/a/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

ym 9347B

Claim No.:

88000501/66980

Name of Insured:

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :SS

D.O.A.:

1/1/18

Place of Accident:

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

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

Insured Liability:

%

Final ? Yes / No

SHE 7/1/18



INSRS:

WSP:

Tel:

Liability:

RMKS:

COGE
up

INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time	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: 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:

COMFORTDELGRO ENGINEERING

member of COMFORTDELGRO

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383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609286
220 Ubi Road Singapore 670669

24 Senoko Loop Singapore 758156
7 Sungei Kadut Way Singapore 728791
501 Yishun Industrial Park A Singapore 768732

Date/Time: 03.09.2018 11:32 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305207574

OMER	REGN NO.: SHC3317G	MILEAGE
IS COMFORT TRANSPORTATION PTE LTD	MAKE: HYUNDAI	FUEL
OMER NO. 7010045	MODEL I-40	E.....1/2.....F
LESS 383 SIN MING DRIVE	DATE/TIME IN 03.09.2018 08:25	
Singapore SINGAPORE 575717	YR OF MANU 19.05.2016	TARGET DATE
65508755 (R) (O)	CHASSIS CODE KMHLB41UMGU089745	COMPLETION DATE/TIME:
DUNT CARD NO.		

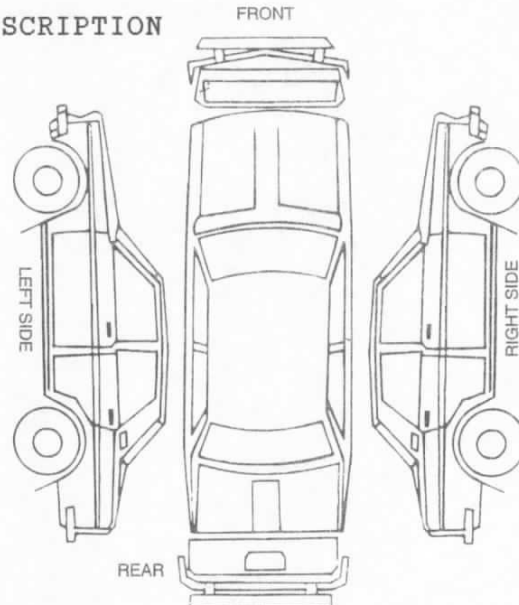
JOB DESCRIPTION

Accident Date: 01.09.2018
NATURE: 3P 01.09.18

S/NO

LABOR CODE

DESCRIPTION



WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Redemption Slip

Exit Pass

No.: SHC3317G LIMITS

Vehicle No.: SHC3317G

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard