

19/5/2010

INS. CASE OWNER:

FC | CC <sup>4/13/10</sup> / AXA1801 6458, P1 jbb

LKK:  
IDAC:

Surveyor: Falwin DOI: 10/1/10 Date / Time: 10/1/10

Pre-assign / CCU / FTE



Insured Vehicle No. : GR 9222 Claim No. : 88000001 / 688403  
 Name of Insured : \_\_\_\_\_ Policy No. : \_\_\_\_\_  
 Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model : \_\_\_\_\_  
 Excess Sec II :SS \_\_\_\_\_ D.O.A : 6/1/10 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

SHAWNB → → → →



INSRS:  
WSF: WBE  
Tel : W  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time      | STAGE   | DATE / PIC  |
|-----------------|---|---|
| <u>SHAWNB-4</u> | Non-Reporting ltr (1st):                        |   |
|                 | Non-Reporting ltr (2nd):                        |   |
|                 | Non-Reporting ltr (Final):                      |   |
|                 | Notification ltr (if non-pickup):               |   |
|                 | Call OI:  |   |
|                 | After call ltr to OI:                           |   |
|                 | <b>Documentation Check List: Handler Typist</b> |   |
|                 | 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: \_\_\_\_\_ 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 \$

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: \_\_\_\_\_



### Workshops

59 Loyang Drive Singapore 508969  
383 Sin Ming Drive Singapore 575717  
45 Pandan Road Singapore 609286  
320 Ubi Road Singapore 168099

24 Senoko Loop Singapore 758158  
7 Sungei Kadut Way Singapore 728791  
501 Yishun Industrial Park A Singapore 768732

member of COMFORTDELGRO

Date/Time: 10.09.2018 09:51 Page : 1

Team: ARC Repair TP(CLSO)1

### JOB CARD

Sales Order:

JC NO.: 305210425

|   |  |   |
|---|--|---|
| OMER  | REGN NO.:<br><b>SHA4721B</b>             | MILEAGE                                 |
| S<br>COMFORT TRANSPORTATION PTE LTD<br>OMER NO. 7010045 | MAKE:<br><b>TOYOTA</b>                   | FUEL<br>E.....1/2.....F                 |
| ESS 383 SIN MING DRIVE<br>Singapore SINGAPORE 575717    | MODEL<br><b>PRIUS HYBRID(G4)</b>         | DATE/TIME IN<br><b>10.09.2018 08:40</b> |
| (R) 65508755 (O)  | YR OF MANU<br><b>30.12.2016</b>          | TARGET DATE                             |
| (P)   | CHASSIS CODE<br><b>JTDKB3FU803539799</b> | COMPLETION DATE/TIME:                   |
| DUNT CARD NO.   |  |   |

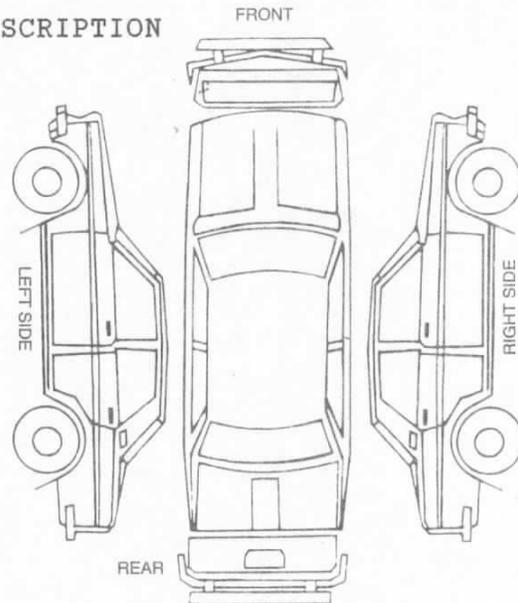
### JOB DESCRIPTION

Accident Date: 06.09.2018  
NATURE: 3P 06.09.18

S/NO

LABOR CODE

DESCRIPTION



RECEIVED & PASSED OUT BY: \_\_\_\_\_

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Check-in Slip

Exit Pass

No.: **SHA4721B**

**JU AXA**

Vehicle No.:

**SHA4721B**

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard