

15/5/2010

INS. CASE OWNER:

Vall

CC 485M LPE1801

8414, Kleebs.

LKK:

IDAC:

Surveyor:

Kalin

DOI:

ASSIGNMENT

16/10/18

Date / Time:

17/10/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SET 11517

Claim No.:

S8M00704 / 75398

Name of Insured:

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :SS

D.O.A:

17/10/18

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

SNC 8475A



INSRS:

WSP:

Tel:

Liability:

RMKS:

CODE W



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: Confirm 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. :
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)
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(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305226008

STOMER

COMFORT TRANSPORTATION PTE LTD
7010045
383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755 (R) (O)
(P)

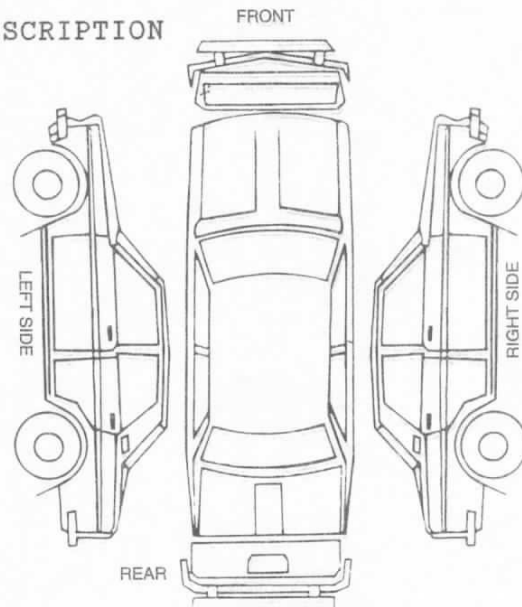
COUNT CARD NO.

REGN NO.: SHC8475A	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 13.10.2018 22:00
YR OF MANU 22.10.2015	TARGET DATE
CHASSIS CODE KMHLB41UMGU079513	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 13.10.2018
NATURE: 3P 13.10.2018

S/NO LABOR CODE DESCRIPTION



IECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

nowledgement Slip

3:

o.:

le No.:

SHC8475A

CHIANG

Exit Pass

Vehicle No.:

SHC8475A

e of Service Advisor

Signature/Date

Name of Service Advisor

Date

3 returned to Service Reception upon collection

To be kept by Security Guard