

15/5/2010

INS. CASE OWNER:

Richard / CC 4 ASM AINO, K Lubb

LKK:
IDAC:

Surveyor:

FALW'n

DOI:

ASSIGNMENT

2/10/18

Date / Time :

2/10/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

FBE 9644H

Claim No. :

98M001001/76671

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

D.O.A :

20/10/18

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

GNA 647J



INSRS:

WSP:

Tel :

Liability :

RMKS:

WSP
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:	
FINALIZATION Date/Time:	Confirm with:	
Repair Cost: S\$	(days) Reduction: %	Email ☐ Call ☐
FINAL SETTLEMENT Date/Time:	Confirm with:	
Final Liability: %	(Agreed / Assessed) BOLA S/N No. :	
Repair Cost: S\$	If NO or B 28, Ass. Lia :	
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:	
Payee 1: S\$	Email ☐ Call ☐	
Payee 2: (Strike if N.A.) S\$	Name 1:	
Payee 3: (Strike if N.A.) S\$	Name 2:	
	Name 3:	

Workshops

59 Loyang Drive Singapore 508969
383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609286
329 Ubi Road 3 Singapore 401609

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

member of COMFORTDELGRO

Date/Time: 20.10.2018 10:27 Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order:

JC NO.: 305228256

OMER	REGN NO.: SHA 647J	MILEAGE
S CITYCAB PTE LTD	MAKE: HYUNDAI	FUEL
7010070	MODEL I-40	E.....1/2.....F
OMER NO. 383 SIN MING DRIVE	YR OF MANU 11.01.2017	DATE/TIME IN 20.10.2018 08:15
ESS Singapore SINGAPORE 575717	CHASSIS CODE KMHLB41UMHU098298	TARGET DATE
65551188 (R) (P)		COMPLETION DATE/TIME:
UNT CARD NO.		

JOB DESCRIPTION

Accident Date: 20.10.2018

NATURE: 3P 20.10.18/C

S/NO	LABOR CODE	DESCRIPTION

KED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

No.: SHA 647J JU AXA

Vehicle No.: SHA 647J

Service Advisor

Signature/Date

Name of Service Advisor

Date

turned to Service Reception upon collection

To be kept by Security Guard