

15/5/2010

INS. CASE OWNER:

Richard

CC

4 ASM

AXA1802

0512/22466

LKK:

IDAC:

Surveyor:

Kallvin

DOI:

ASSIGNMENT

W/2/18

Date / Time :

17/11/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

SHC 5377M

Claim No. :

S8M012F9(8704)

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :SS

D.O.A :

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

SHC 854AX



INSRS:

WSP:

Tel :

Liability :

RMKS:

WBE
W

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC	
SHC 5377M SHC 854AX Kamarudin	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:	☐	☐	
PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos: ☐	
Others:	☐	☐	
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\$	(\$ 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:	

Workshops

59 Loyang Drive Singapore 508969 24 Senoko Loop Singapore 758156
383 Sin Ming Drive Singapore 575717 7 Sungei Kadut Way Singapore 728791
45 Pandan Road Singapore 609286 501 Yishun Industrial Park A Singapore 768732
829 Ubi Road 3 Singapore 408593

A member of COMFORTDELGRO

Date/Time: 09.11.2018 18:05 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305236972

STOMER

MS

STOMER NO.

DRESS

(R)

(P)

COUNT CARD NO.

COMFORT TRANSPORTATION PTE LTD

7010045

383 SIN MING DRIVE

Singapore SINGAPORE 575717

65508755

(O)

VAR

REGN NO.: SHC8549X

MILEAGE

MAKE : HYUNDAI

FUEL

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

MODEL I-40

DATE/TIME IN 09.11.2018 11:15

YR OF MANU 19.11.2015

TARGET DATE

CHASSIS CODE KMHLB41UMGU080576

COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 08.11.2018

NATURE: 3P 08.11.2018 (C)

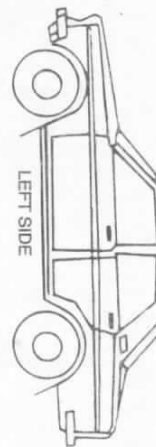
S/NO

LABOR CODE

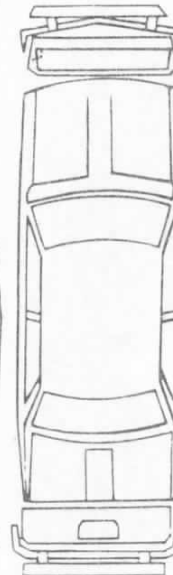
DESCRIPTION

FRONT

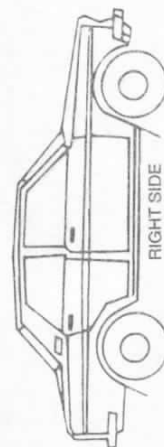
AXA - Left Frnt damage



LEFT SIDE



REAR



RIGHT SIDE

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

By:

Date:

Vehicle No.:

SHC8549X

LARRY

Larry Ng

Exit Pass

Vehicle No.:

SHC8549X

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard