

15/5/2010

INS. CASE OWNER:

CC3 / CTI1802 1901, K2p6h

LKK:
IDAC:

Surveyor: Falin

DOI: 4/12/18

Date / Time: 12/18

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : STN 648C

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$\$ _____ D.O.A : 01/12/18

Place of Accident : _____

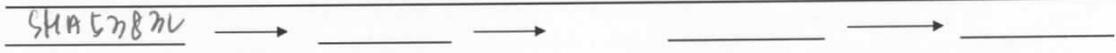
Is driver the owner? (YES / NO) Nature of Accident : _____

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



INSRS: TOOK W
WSP:
Tel :
Liability :
RMKS:



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) | <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: _____ 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. : _____ 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 _____

1) Claim status: Normal/Reject/Private Settle
 2) Report Format: _____
 3) Survey fee: _____

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: _____

member of COMFORTDELGRO

Date/Time: 04.12.2018 09:18 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305246757

OMER
COMFORT TRANSPORTATION PTE LTD
7010045
OMER NO. 383 SIN MING DRIVE
ESS Singapore SINGAPORE 575717
65508755 (O)

| | |
|---------------------------------------|----------------------------------|
| REGN NO.: SHA5383L | MILEAGE |
| MAKE: HYUNDAI | FUEL E.....1/2.....F |
| MODEL SONATA | DATE/TIME IN 03.12.2018 15:20 |
| YR OF MANU 05.04.2012 | TARGET DATE |
| CHASSIS CODE KMHET41VMCA822096 | COMPLETION DATE/TIME: |

CHINA

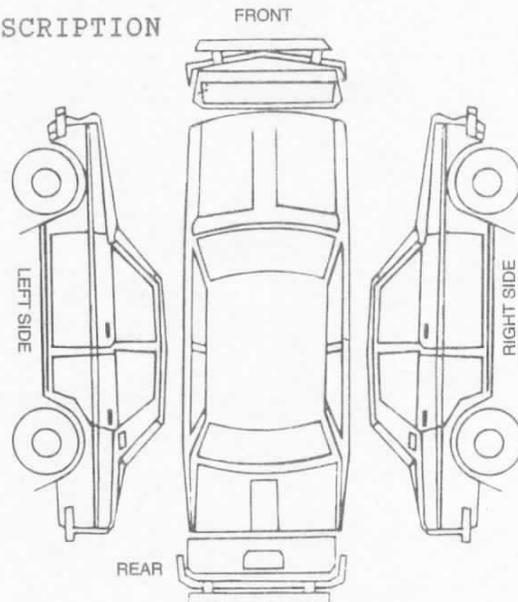
JUNT CARD NO.

JOB DESCRIPTION

Accident Date: 01.12.2018
NATURE: 3P 01.12.2018

S/NO LABOR CODE

DESCRIPTION



BOOKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Check-out Slip

Exit Pass

No.: **SHA5383L**

LKE

Kalvin

Vehicle No.:

SHA5383L

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard