

15/5/2010

INS. CASE OWNER:

CC 3 / CTI1802

LKK:

IDAC:

Surveyor:

Kaluin

DOI:

ASSIGNMENT

Date / Time :

11/12/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

Gu 3205m.

Claim No. :

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



INSRS:

WSP:

Tel :

Liability :

RMKS:

LOGE
WJ

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC
SH 3035L →	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: _____ Confirm by: _____		
Repair Cost:	SS (_____ 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:	SS	
Loss of Rental (LOR):	SS (_____ days)	
Loss of Use (LOU):	SS (\$ x _____ days)	
Loss of Income (LOI):	SS (\$ x _____ days)	
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LO ☐	[Tick only one]	
GIA/LTA Search	SS	
Medical:	SS	1) Claim status: Normal/Reject/Private Settle
Disbursement:	SS (e.g. Tow/ Independent)	2) Report Format:
Legal Cost	SS	3) Survey fee:
Total:	SS	Global Sum S\$: _____
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email ☐ Call ☐		
Payee 1:	SS	Name 1: _____
Payee 2: (Strike if N.A.)	SS	Name 2: _____
Payee 3: (Strike if N.A.)	SS	Name 3: _____

member of COMFORTDELGRO

Date/Time: 11.12.2018 15:22 Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

JC NO.: 305249874

TOMER

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

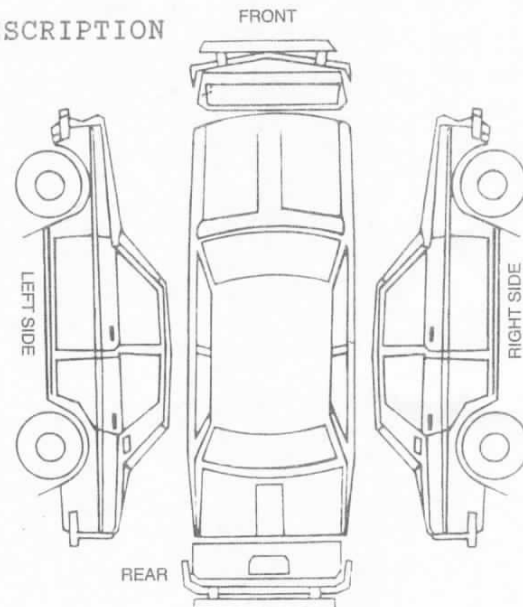
REGN NO.: SH 7035L	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL IONIQ(G2)	DATE/TIME IN 11.12.2018 11:55
YR OF MANU 01.08.2018	TARGET DATE
CHASSIS CODE KMH851CVJU103641	COMPLETION DATE/TIME:

OUNT CARD NO.

JOB DESCRIPTION

Accident Date: 11.12.2018
NATURE: 3P 11.12.2018

S/NO LABOR CODE DESCRIPTION



CKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

wledgement Slip

Exit Pass

No.: SH 7035L

LKE

Vehicle No.:

SH 7035L

of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard