

INS. CASE OWNER:

CC 3, CTI 1900 0430, Tifa3

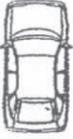
LKK: IDAC:

ASSIGNMENT

Surveyor: WTH DOI: 7/1/9 Date / Time: 7/1/9 Registered in Merimen: -

Pre-assign / CCU / FTE

GBG 7683Y



Insured Vehicle No. : Name of Insured : Insured Tel No. : Excess Sec II :SS : Is driver the owner? (YES / NO)

Claim No. : Policy No. : Make / Model : Place of Accident :

If NO, Driver Name / Age :

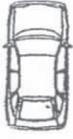
Driver Tel No. :

(V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % Final ? Yes / No

546 6280M



INSRS: WSP: Tel : Liability : RMKS: CBK byang



INSRS: WSP: Tel : Liability : RMKS:



INSRS: WSP: Tel : Liability : RMKS:



INSRS: WSP: Tel : Liability : RMKS:

Table with columns: Date/Time, STAGE, DATE / PIC, Documentation Check List (Notification ltr, After call ltr, etc.), Handler, Typist

PRELIMINARY ADVICE, FINALIZATION, FINAL SETTLEMENT, FINAL PAYMENT sections with various fields for costs, dates, and confirmations.

Team: IN ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

JC NO.: 305257377

CUSTOMER
 COMFORT TRANSPORTATION PTE LTD *VARs*
 MS 7010045
 CUSTOMER NO. 383 SIN MING DRIVE
 ADDRESS Singapore SINGAPORE 575717
 (R) 65508755 (O)
 (P)
 COUNT CARD NO.

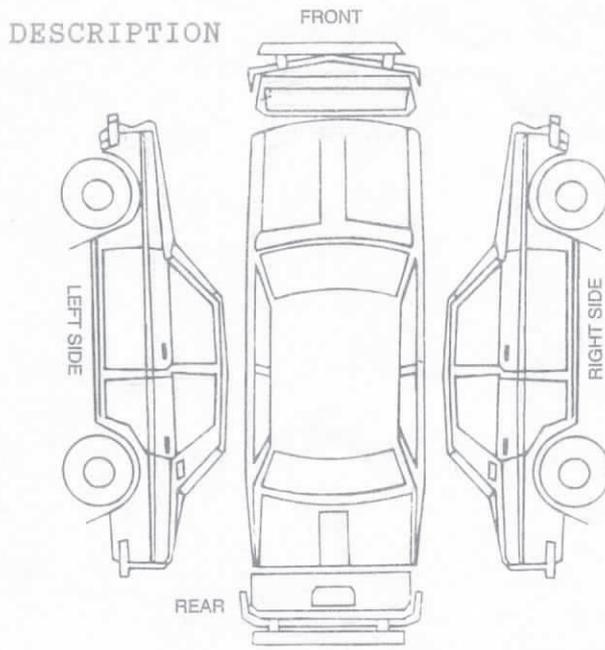
REGN NO.: SHB6280M	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL SONATA	DATE/TIME IN 07.01.2019 07:25
YR OF MANU. 25.06.2013	TARGET DATE
CHASSIS CODE KMHE141VMDA834881	COMPLETION DATE/TIME:

(B)

JOB DESCRIPTION

Accident Date: 07.01.2019
 NATURE: 3P 07.01.2019

S/NO	LABOR CODE	DESCRIPTION
	CHMA - Rear damage	
	LCC/	



CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Vehicle No.: SHB6280M LARRY

Larry Ng
 Signature/Date

Name of Service Advisor

Signature/Date

To be returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHB6280M

Name of Service Advisor

Date

To be kept by Security Guard