

INS. CASE OWNER:

Wong Pufan
Rafael

CC 4, Asm 1900 0442, Pipas

LKK: 92021
IDAC:

Surveyor:

DOI:

ASSIGNMENT

Date / Time :

8/1/2019

Registered in Merimen:

Pre-assign / CCU / FTE

SKC 1196R

58mw199V



Insured Vehicle No. : SKC 1196R

Claim No. : 58mw199V

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :SS _____ D.O.A : 4/1/19

Place of Accident : _____

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

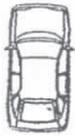
If NO, Driver Name / Age :

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

Driver Tel No. : _____ (V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SHC 3394H



INSRS: _____
WSP: *OWB*
Tel : _____
Liability : *WMS*
RMKS: _____



INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____

Date/ Time

SHC 3394H - CC 3 / CA 1140111691 / HWB 392 ; 007.16/1/19
SKC 1196R. X

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"/>

PRELIMINARY ADVICE Date/Time: _____ Sent 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\$ _____ (\$ x days)

Loss of Income (LOI): S\$ _____ (\$ x days)

LOR only LOU only LOR + LOU LOR + LOI [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: _____

Post-Repair Photos:

Others:

Email Call

If NO or B 28, Ass. Lia : _____

1) Claim status: Normal/Reject/Private Settle

2) Report Format: _____

3) Survey fee: _____

1) Claim status: Normal/Reject/Private Settle

2) Report Format: _____

3) Survey fee: _____

Email Call

Name 1: _____

Name 2: _____

Name 3: _____

Workshops

59 Loyang Drive Singapore 508969
 383 Sin Ming Drive Singapore 575717
 45 Pandan Road Singapore 609285
 120 Ubi Road 3 Singapore 688999

24 Senoko Loop Singapore 758156
 7 Sungei Kadut Way Singapore 726791
 501 Yishun Industrial Park A Singapore 768732

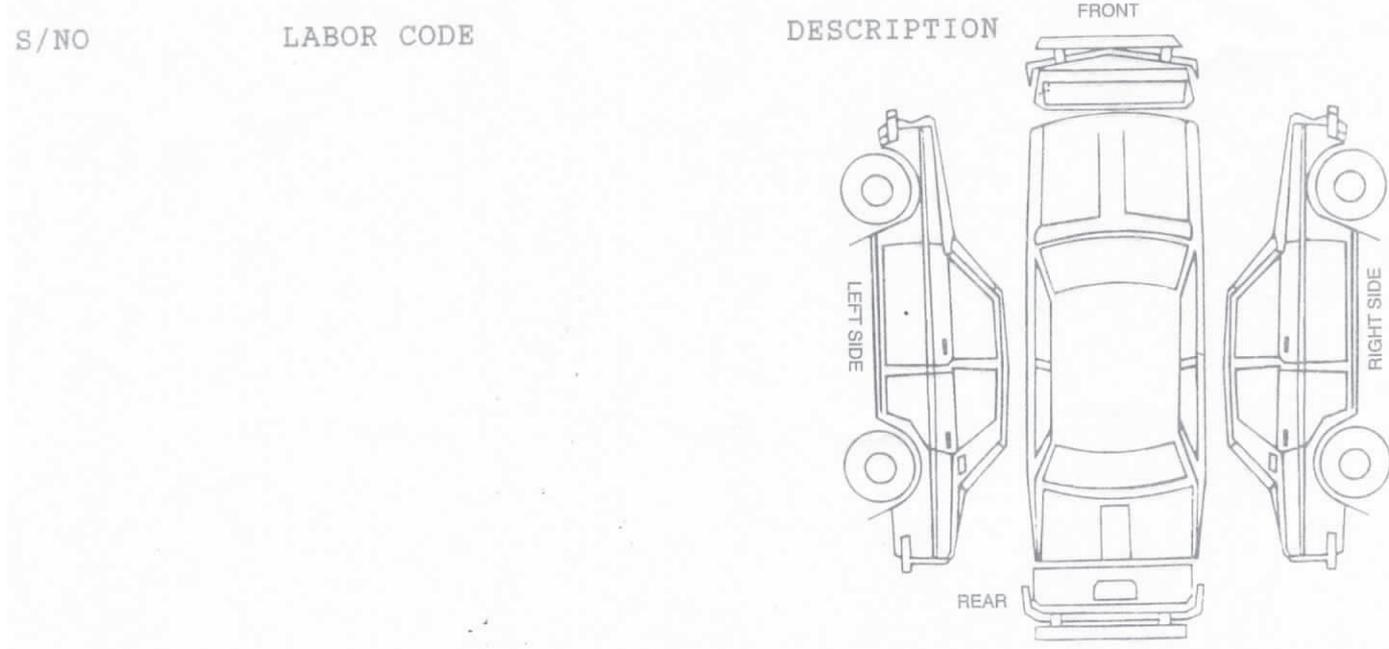
number of COMFORTDELGRO

Date/Time: 07.01.2019 10:45 Page : 1

Team: ARC Repair TP(CLSO)1	JOB CARD	Sales Order:	JC NO.: 305257293
CUSTOMER	REGN NO.: SHC3394H	MILEAGE	
COMFORT TRANSPORTATION PTE LTD 7010045	MAKE: HYUNDAI	FUEL E.....1/2.....F	
CUSTOMER NO. 383 SIN MING DRIVE Singapore SINGAPORE 575717	MODEL I-40	DATE/TIME IN 05.01.2019 12:15	
65508755 (R) (P)	YR OF MANU. 21.03.2014	TARGET DATE	
IDENTIFICATION CARD NO.	CHASSIS CODE KMHLB41UMEU052494	COMPLETION DATE/TIME:	

JOB DESCRIPTION

Accident Date: 04.01.2019
 NATURE: 3P 04.01.19



BOOKED & PASSED OUT BY: _____

 SERVICE ADVISOR CUSTOMER'S SIGNATURE

Confirmation Slip
 No.: SHC3394H CHIANG
 Signature/Date

Exit Pass
 Vehicle No.: SHC3394H
 Name of Service Advisor Date

returned to Service Reception upon collection

To be kept by Security Guard