

INS. CASE OWNER:

CC 4/LPC1900 10A1 12467

LKK:  
IDAC:

Surveyor: Amfich.

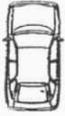
DOI: 12/1/11

Date / Time: 12/1/11

**ASSIGNMENT**

Registered in Merimen: \_\_\_\_\_

**Pre-assign / CCU / FTE**



Insured Vehicle No. : SKM NITE  
Name of Insured : \_\_\_\_\_  
Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_  
Excess Sec II :SS \_\_\_\_\_ D.O.A : 12/1/11  
Is driver the owner? ( YES / NO ) Nature of Accident : \_\_\_\_\_

Claim No. : 18/1/11/19010101777  
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

SFA 2449 → SKM NITE → SHB 67890 → \_\_\_\_\_



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS: 01



INSRS: WHE  
WSP: W  
Tel :  
Liability :  
RMKS: TP



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:	
	<b>Documentation Check List: Handler Typist</b>	
	Notification ltr (if non-pickup)	<input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/>
	LOD	<input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>

**PRELIMINARY ADVICE** Date/Time: \_\_\_\_\_ Sent By: \_\_\_\_\_ Confirm with: \_\_\_\_\_ 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 (\$ 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

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: \_\_\_\_\_



Team: ARC Repair TP(CLS0)1

### JOB CARD

Sales Order:

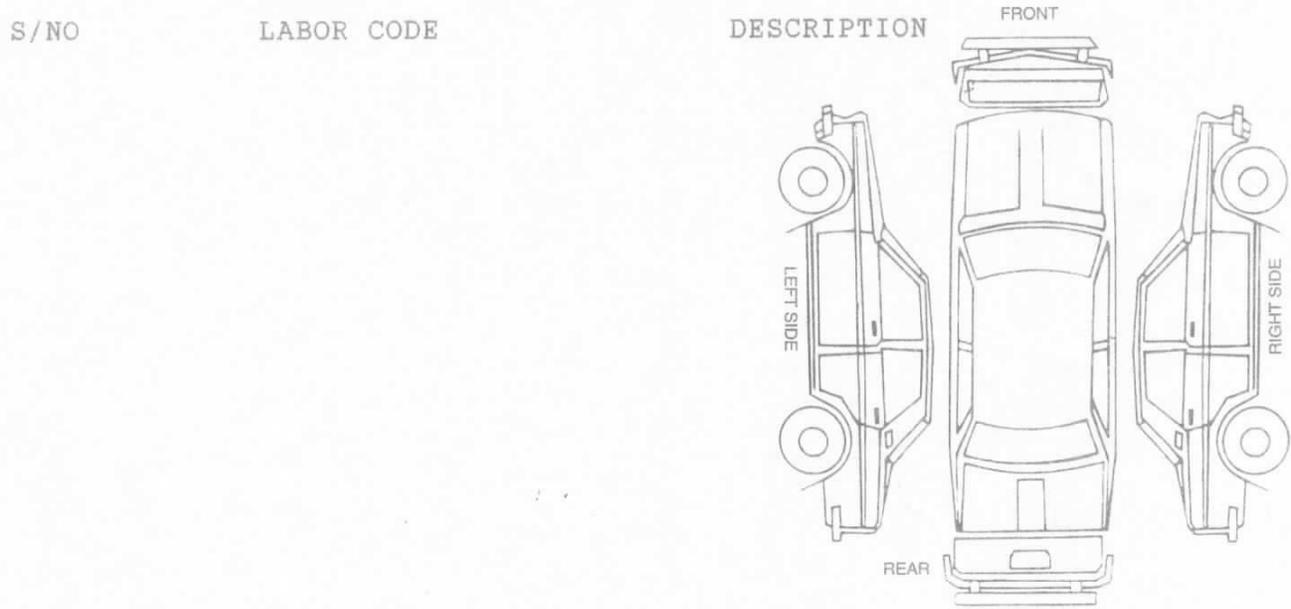
JC NO.: 305260705

CUSTOMER  MS CUSTOMER NO. ADDRESS  (R) (P)	COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 (C)	REGN NO.: <b>SHB6389J</b>	MILEAGE
		MAKE: <b>MERCEDES BENZ</b>	FUEL E.....1/2.....F
		MODEL <b>E220CDI (E5)</b>	DATE/TIME IN <b>16.01.2019 12:10</b>
		YR OF MANU <b>20.03.2014</b>	TARGET DATE
		CHASSIS CODE <b>WDD2120022A760829</b>	COMPLETION DATE/TIME:

COUNT CARD NO.

#### JOB DESCRIPTION

Accident Date: 16.01.2019  
NATURE: 3P 16.01.2019



CHECKED & PASSED OUT BY: \_\_\_\_\_

\_\_\_\_\_  
SERVICE ADVISOR CUSTOMER'S SIGNATURE

Acknowledgement Slip  
No.: **SHB6389J**      **CHIANG**  
Signature/Date  
To be returned to Service Reception upon collection

Exit Pass  
Vehicle No.: **SHB6389J**  
Name of Service Advisor \_\_\_\_\_ Date \_\_\_\_\_  
To be kept by Security Guard