

15/5/2010

INS. CASE OWNER:

JMS

CC 4/AXA1900 1806, (Feb)

LKK:  
IDAC:

Surveyor:

WAZ

DOI:

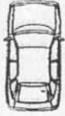
ASSIGNMENT  
25/1/19

Date / Time:

25/1/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

YP 9667L

Claim No. :

2100191/95798

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 :

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

Driver Tel No. :

(V/L: YES / NO)

Insured Liability :

%

Final ? Yes / No

SHB 467X



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

WTE  
M



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time	STAGE	DATE/ PIC
SHB 467X - 25/1/19	Non-Reporting ltr (1st):	
YP 9667L - 25/1/19	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"/>
<b>PRELIMINARY ADVICE</b> Date/Time:	Sent By:	
<b>FINALIZATION</b> Date/Time:	Confirm with:	Confirm by:
Repair Cost: S\$	( days) Reduction: %	Email <input type="checkbox"/> Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b> Date/Time:	Confirm with	Email <input type="checkbox"/> Call <input type="checkbox"/>
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 <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/>	[Tick only one]	
GIA/LTA Search: S\$		
Medical: S\$		1) Claim status: Normal/Reject/Private Settle
Disbursement: S\$	(e.g. Tow/ Independent )	2) Report Format:
Legal Cost: S\$		3) Survey fee:
<b>Total:</b> S\$	<b>Global Sum S\$:</b>	
<b>FINAL PAYMENT</b> Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1: S\$	Name 1:	
Payee 2: (Strike if N.A.) S\$	Name 2:	
Payee 3: (Strike if N.A.) S\$	Name 3:	



**Workshops**

59 Loyang Drive Singapore 508969  
383 Sin Ming Drive Singapore 575717  
45 Pandan Road Singapore 609286  
320 Ubi Road 3 Singapore 408699

24 Senoko Loop Singapore 758156  
7 Sungei Kadut Way Singapore 728791  
501 Yishun Industrial Park A Singapore 768773

A member of COMFORTDELGRO

Date/Time: 26.01.2019 10:11 Page : 1

Team: ARC Repair TP(CLSO)1

### JOB CARD

Sales Order: 3893468

JC NO.: 305263388

CUSTOMER

R/MS COMFORT TRANSPORTATION PTE LTD  
CUSTOMER NO. 7010045  
ADDRESS 383 SIN MING DRIVE  
Singapore SINGAPORE 575717  
TEL. (R) 65508755 (O)  
(P)

REGN NO.: SHB4167X	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 26.01.2019 08:10
YR OF MANU. 30.05.2015	TARGET DATE
CHASSIS CODE KMHLB41UMFU069444	COMPLETION DATE/TIME:

DISCOUNT CARD NO.

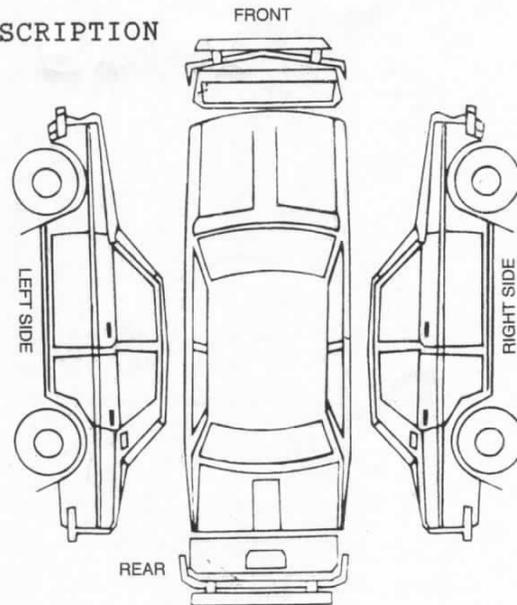
#### JOB DESCRIPTION

Accident Date: 25.01.2019  
NATURE: 3P 25.01.19/B

S/NO

LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Name:

No.:

Vehicle No.:

SHB4167X

FZ AXA

Vehicle No.:

SHB4167X

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

to be returned to Service Reception upon collection

To be kept by Security Guard