

15/5/2010

INS. CASE OWNER:

CC 3/CTI1900

LKK:

IDAC:

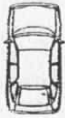
Surveyor:

DOI:

Date / Time :

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :\$S

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

SHD 71054



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC	
SHD 71054 - L14 / EALISV9201 (K206201A: 26/1/10) XE 2710K - X	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:	☐	☐	
PRELIMINARY ADVICE	Date/Time:	Sent By:	
FINALIZATION	Date/Time:	Confirm with:	
Repair Cost:	\$S	(days) Reduction: %	
FINAL SETTLEMENT	Date/Time:	Confirm with	
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :	
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		
Total:	\$S	Global Sum \$S:	
FINAL PAYMENT	Date/Time:	Confirm with:	
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 408669

24 Senoko Loop Singapore 758156
7 Sungai Kadut Way Singapore 728791
501 Yishun Industrial Park A Singapore 758732

A member of COMFORTDELGRO

Date/Time: 24.01.2019 15:54 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305263102

STOMER

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

COUNT CARD NO.

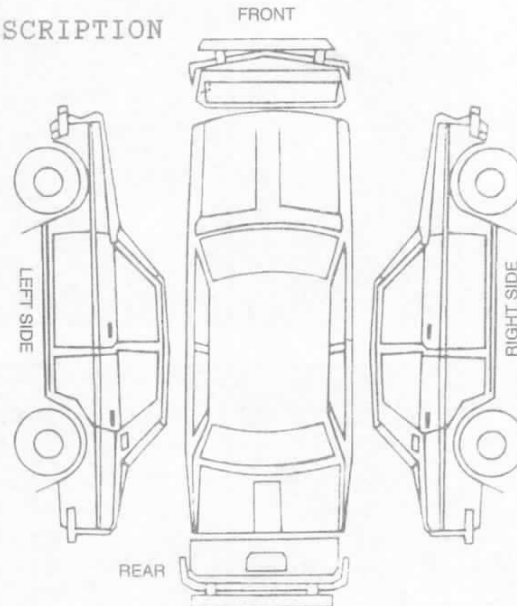
REGN NO.: SHD7105U	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 24.01.2019 09:45
YR OF MANU 10.11.2016	TARGET DATE
CHASSIS CODE KMHLB41UMGU093517	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 24.01.2019
NATURE: 3P 24.01.19 -

S/NO LABOR CODE

DESCRIPTION



ECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

nowledgement Slip

Exit Pass

Vehicle No.: SHD7105U JU CHINA

Vehicle No.: SHD7105U

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard



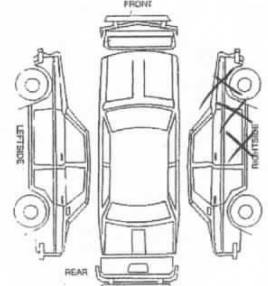
JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition

1. Date: <u>24 01 19</u> Time Received: <u>1005</u>		3. Vehicle Type: ☐ Private ☒ Taxi (CTPL/CCPL) ☐ Fleet ☐ STK (Boon Lay)	4. Type of Towing: ☒ Normal Tow ☐ King Dolly ☐ Flat Bed ☐ Crane-up
2. ☒ New ☐ SPARK Kakis Name of Customer : <u>Boon</u> Contact No. : <u>9450 2391</u> Vehicle No. : <u>SND71054</u> Make / Model / Colour : <u>140</u> Email :		5. Nature of Service: ☐ Jumpstart ☐ Recovery ☐ Change Tyre / Battery	6. Parts Replaced/Remarks:
7. Location: <u>327 THOMSON RD</u>		8. Vehicle Tow - In Workshop: ☐ Smoky Exhaust ☐ Wheel Jammed ☐ Overheating ☐ Steering Faulty ☐ Brake Faulty ☐ Alternator Faulty ☐ Starting Problem ☐ Loss Power ☒ Accident ☐ Engine Stalled ☐ Return Taxi	
9. Preferred Workshop: ☐ Braddell ☒ Loyang ☐ Pandan ☐ Sin Ming ☐ Sungei Kadut ☐ Ubi ☐ Senoko ☐ Komoco (UBI / Leng Kee) ☐ Others: _____			

10. Odometer Reading : _____
Fuel Level : ☐ F ☐ 1/4 ☐ 1/2 ☐ 3/4 ☐ E

11. Radio / CD Player
☐ OK
☐ Faulty
☐ Not tested



Job Attended

12. Tow Truck / Recovery Van : ☐ VRS ☒ QA ☐ GAO ☐ TZ ☐ YISHUN ☐ OTHERS
Name of Driver : RADEN
Vehicle No. : 7M629M
Time Dispatch : 1005
Time of Arrival : 1025
Time Completed : 1030

: Cracked X : Dented
/ : Scratched O : Missing

Signature of Customer

Cash Invoice Details (if applicable)

13. Cash Invoice No. : _____

Customer Acknowledgement

- a. I have been advised to remove all valuable items in my vehicle, including Global Positioning System (GPS), audio compact disk, thumbdrive, carpark coupons, cash cards, spectacles, pen, etc.
b. I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses.
c. Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.

24 01 19

1030

Date

Time

Signature of Customer

14. WORKSHOP

Name of Attending Staff/Guard

Date & Time of Arrival

Signature of Attending Staff/Guard

CUSTOMER'S COP