

15/5/2010

INS. CASE OWNER:

CC 3/CTI1900

LKK:
IDAC:

Surveyor:

Tantalan

DOI:

ASSIGNMENT

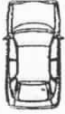
15/7/14

Date / Time :

15/7/14

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

GBH 9776u

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

SKB 1596A

GBH 9776u

SKC 7169E



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

01



INSRS:

WSP:

Tel :

Liability :

RMKS:

1p



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC
SKC 7169E - 4	Non-Reporting ltr (1st):	
GBH 9776u - m/c 1900 9.2/14	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:	☐ ☐
	Post-Repair Photos:	☐ ☐
	Others:	☐ ☐
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 + 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: 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:

Date/Time: 15.02.2019 15:41

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Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order:

JC NO.: 305269089

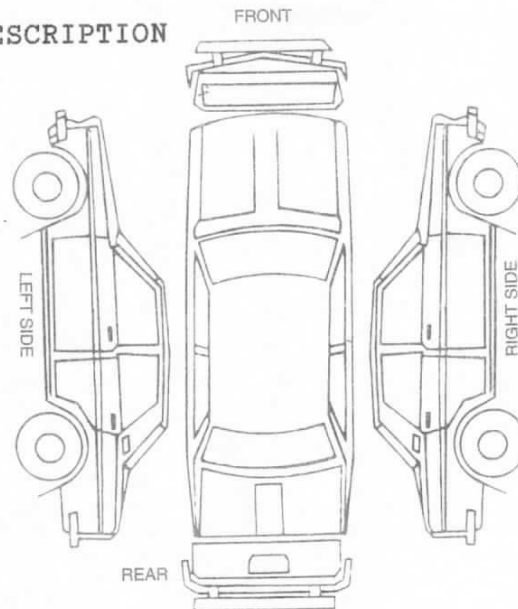
OMER S OMER NO. ESS (R) (P)	CITYCAB PTE LTD 7010070 383 SIN MING DRIVE Singapore SINGAPORE 575717 65551188 (O)	REGN NO.: SHC7169R	MILEAGE
		MAKE: HYUNDAI	FUEL E.....1/2.....F
		MODEL I-40	DATE/TIME IN 15.02.2019 12:40
		YR OF MANU. 25.08.2016	TARGET DATE
		CHASSIS CODE KMHLB41UMGU093566	COMPLETION DATE/TIME:
		DUNT CARD NO.	

JOB DESCRIPTION

Accident Date: 15.02.2019
NATURE: 3P 15.02.19

S/NO LABOR CODE

DESCRIPTION



WORKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

No.: **SHC7169R** **LIMITS**

Vehicle No.: **SHC7169R**

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard