

INS. CASE OWNER:

CC 3 /EQI1900

LKK:

IDAC:

Surveyor:

kalin

DOI:

ASSIGNMENT

M/4/19

Date / Time :

24/4/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

GY 81522

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :SS

D.O.A :

M/4/19

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

SH 6203A



INSRS:

WSP:

Tel :

Liability :

RMKS:

W/te
M.

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE/ PIC
SH 6203A - x	Non-Reporting ltr (1st):	
GY 81522 - x	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:
Repair Cost:	SS	(days) Reduction: %
		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with:
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :
Repair Cost:	SS	
Loss of Rental (LOR):	SS	(days)
Loss of Use (LOU):	SS	(S x days)
Loss of Income (LOI):	SS	(S x days)
LOR only ☐ LOU only ☐	LOR + LOU ☐	LOR + LO ☐ [Tick only one]
GIA/LTA Search	SS	
Medical:	SS	
Disbursement:	SS	(e.g. Tow/ Independent)
Legal Cost	SS	
Total:	SS	Global Sum S\$:
FINAL PAYMENT	Date/Time:	Confirm with:
Payee 1:	SS	Name 1:
Payee 2: (Strike if N.A.)	SS	Name 2:
Payee 3: (Strike if N.A.)	SS	Name 3:

member of COMFORTDELGRO

Date/Time: 24.04.2019 14:11

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305290086

DMER

S

DMER NO.

ESS

(R)

(P)

JUNT CARD NO.

COMFORT TRANSPORTATION PTE LTD

7010045

383 SIN MING DRIVE

Singapore SINGAPORE 575717

65508755

(O)

REGN NO.:

SH 6203A

MILEAGE

MAKE :

HYUNDAI

FUEL

E.....1/2.....F

MODEL

IONIQ(G2)

DATE/TIME IN

24.04.2019 12:30

YR OF MANU.

05.07.2018

TARGET DATE

CHASSIS CODE

KMHC851CVJU103405

COMPLETION DATE/TIME:

JOB DESCRIPTION

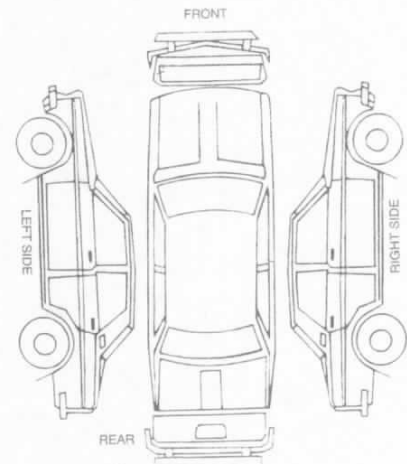
Accident Date: 23.04.2019

NATURE: 3P 23.04.19

S/NO

LABOR CODE

DESCRIPTION



WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

No.:

SH 6203A

JU EQ

Vehicle No.:

SH 6203A

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard