

15/5/2010

INS. CASE OWNER:

CC 3 / CTI1900

LKK:

IDAC:

Surveyor:

Kalin

DOI:

ASSIGNMENT

Date / Time :

7/6/10.

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

GR 777P

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II : \$

D.O.A. :

6/5/19.

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

SHA 3077J



INSRS:

WSP:

Tel :

Liability :

RMKS:

WBE



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



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:	
	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:		Confirm by:	
FINALIZATION	Date/Time:	Confirm with:		Confirm by:	
Repair Cost:	\$	(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:	\$				
Loss of Rental (LOR):	\$	(days)			
Loss of Use (LOU):	\$	(\$ x days)			
Loss of Income (LOI):	\$	(\$ x days)			
LOR only ☐	LOU only ☐	LOR + LOU ☐	LOR + LO ☐	[Tick only one]	
GIA/LTA Search	\$				
Medical:	\$				
Disbursement:	\$	(e.g. Tow/ Independent)		1) Claim status: Normal/Reject/Private Settle	
Legal Cost	\$			2) Report Format:	
				3) Survey fee:	
Total:	\$	Global Sum \$:			
FINAL PAYMENT	Date/Time:	Confirm with:		Email ☐	Call ☐
Payee 1:	\$	Name 1:			
Payee 2: (Strike if N.A.)	\$	Name 2:			
Payee 3: (Strike if N.A.)	\$	Name 3:			

COMFORTDELGRO

Date/Time: 07.05.2019 11:06

Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

JC NO.: 30529329

CUSTOMER

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

REGN NO.: SHA3077J	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....
MODEL I-40	DATE/TIME IN 07.05.2019 08:40
YR OF MANU. 11.02.2014	TARGET DATE
CHASSIS CODE KMHLB41UMEU047370	COMPLETION DATE/TIME:

SCOUT CARD NO.

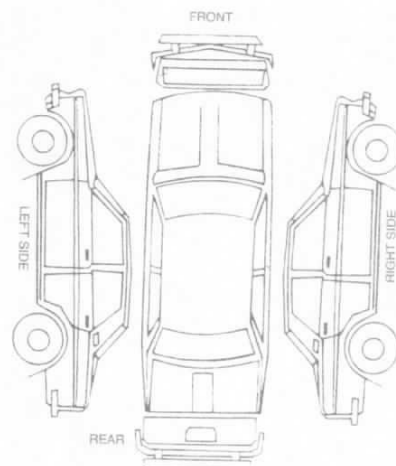
JOB DESCRIPTION

Accident Date: 06.05.2019
NATURE: 3P 06.05.19

S/NO

LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Ref:

Job No.:

Vehicle No.:

SHA3077J

JU CHINA

Exit Pass

Vehicle No.:

SHA3077J

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard