

15/05/2010

INS. CASE OWNER:

CC 3 / LPC1900

8418, k2h63

LKK:

IDAC:

Surveyor:

Kalin

DOI:

ASSIGNMENT

12/6/09

Date / Time:

12/6/09

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

GBE 5499 L

Claim No.:

Name of Insured:

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :\$S

D.O.A:

11/6/09

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



INSRS:

WSP:

Tel:

Liability:

RMKS:

Joh
W

INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time	STAGE	DATE / PIC
SHC 8418 - L	Non-Reporting ltr (1st):	
GBE 5499 L	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	(S x days)	
Loss of Income (LOI): \$S	(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)	1) Claim status: Normal/Reject/Private Settle
Legal Cost: \$S		2) Report Format:
Total: \$S	Global Sum \$S:	3) Survey fee:
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:	

7673A

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order: 3921914

JC NO.: 305295045

STOMER

COMFORT TRANSPORTATION PTE LTD
7010045
383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755 (R) (O)
(P)

REGN NO.:

SHC8267J

MILEAGE

MAKE :

HYUNDAI

FUEL

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

MODEL

I-40

DATE/TIME IN

13.05.2019 11:00

YR OF MANU.

23.07.2015

TARGET DATE

CHASSIS CODE

KMHLB41UMGU075731

COMPLETION DATE/TIME:

COUNT CARD NO.

JOB DESCRIPTION

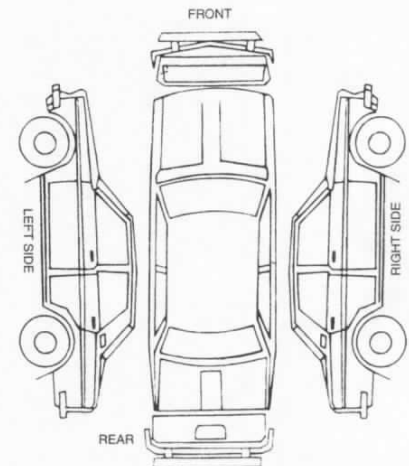
Accident Date: 11.05.2019
NATURE: 3P 11.05.19/B

REAR RIGHT

S/NO

LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

acknowledgement Slip

Exit Pass

3:

0.:

File No.: SHC8267J

FZ LONPAC

Vehicle No.:

SHC8267J

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard