

15/5/2010

INS. CASE OWNER:

Richard.

CC 4 rsm
/AXA1900 8679, k2 p63.

LKK:

IDAC:

Surveyor:

kalvin.

DOI:

ASSIGNMENT

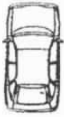
16/5/10

Date / Time :

17/5/10

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

SME 319AR.

Claim No. :

SAM01NEA / 116276

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

D.O.A :

15/5/10

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

SME 3163H



INSRS:

WSP:

Tel :

Liability :

RMKS:

WME
m.

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC	
SME 3163H - t	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:	☐	☐	
Post-Repair Photos:	☐	☐	
Others:	☐	☐	

PRELIMINARY ADVICE Date/Time:		Sent By:	
FINALIZATION Date/Time:		Confirm with:	
Repair Cost:	S\$	(days) Reduction:	%
		Email ☐ Call ☐	
FINAL SETTLEMENT Date/Time:		Confirm with	
		Email ☐ Call ☐	
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:		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:	

Workshops

A member of COMFORTDELGRO

Date/Time: 16.05.2019 10:54 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order: 3922968

JC NO.: 305295877

CUSTOMER

MS

CUSTOMER NO.

ADDRESS

(R)

(P)

COUNT CARD NO.

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

REGN NO.:

SHC3163H

MILEAGE

MAKE :

HYUNDAI

FUEL

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

MODEL

I-40

DATE/TIME IN

15.05.2019 16:00

YR OF MANU

27.03.2014

TARGET DATE

CHASSIS CODE

KMHLB41UMEU052945

COMPLETION DATE/TIME:

JOB DESCRIPTION

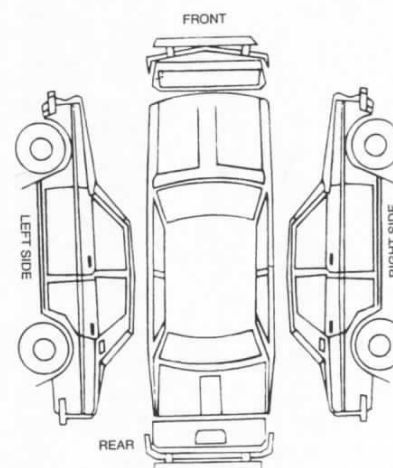
Accident Date: 15.05.2019

NATURE: 3P 15.05.19/B

S/NO

LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Name:

No.:

Vehicle No.:

SHC3163H

FZ AXA

Vehicle No.:

SHC3163H

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

to be returned to Service Reception upon collection

To be kept by Security Guard