

Surveyor:

falvin

DOI:

ASSIGNMENT

vltan

Date / Time :

vltan.

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

5UP 7083 C.

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

D.O.A :

vltan.

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

SHC809Z

INSRS:
WSP:
Tel :
Liability :
RMKS:cobé
mINSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/Time	STAGE	DATE / PIC	
SHC809Z-X	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: 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:	

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order:

JC NO.: 305298414

CUSTOMER
CITYCAB PTE LTD
7010070
CUSTOMER NO. 383 SIN MING DRIVE
ADDRESS Singapore SINGAPORE 575717
65551188
L (R) (O)
(P)
SCOUT CARD NO.

VAPC

(B)

REGN NO.: SHC 809Z	MILEAGE
MAKE : MERCEDES BENZ	FUEL E.....1/2.....F
MODEL E220CDI (E5)	DATE/TIME IN 27.05.2019 10:45
YR OF MANU 25.07.2013	TARGET DATE
CHASSIS CODE WDD2120022A758333	COMPLETION DATE/TIME:

JOB DESCRIPTION

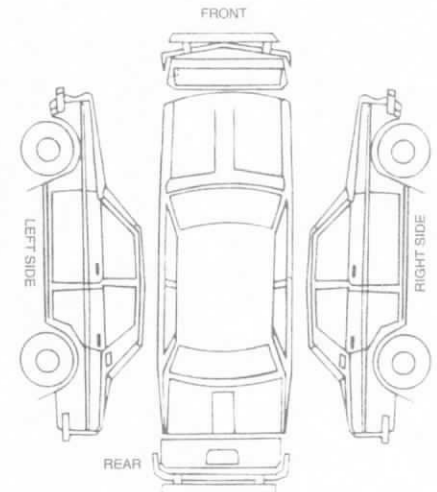
Accident Date: 26.05.2019
NATURE: 3P 26.05.2019

S/NO

LABOR CODE

DESCRIPTION

CHINA - Left Fmt
Lkt/Kdm -



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHC 809Z LARRY

Vehicle No.: SHC 809Z

Larry Ng

Signature/Date

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard