

INS. CASE OWNER:

CC 3 / LPL 1900 9500 / Kinas

IDAC:

Surveyor:

Awk

DOI:

ASSIGNMENT

28/5/19

Date / Time :

28/5/19

Registered in Merimen:

29/5/19

Pre-assign / CCU / FTE

GMBE 8779J



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :SS

D.O.A: 28/5/19

Place of Accident :

Is driver the owner? (YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SHC 732K



INSRS:

WSP:

Tel :

Liability :

RMKS:

WMBE 10404



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SHC 732K - 03/07/16 016790/HIPAS 2:00:31/9/16
GMBE 8779J - X

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:

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 + LOI ☐ [Tick only one]

GIA/LTA Search S\$

Medical: S\$

Disbursement: S\$

(e.g. Tow/ Independent)

Legal Cost S\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

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:

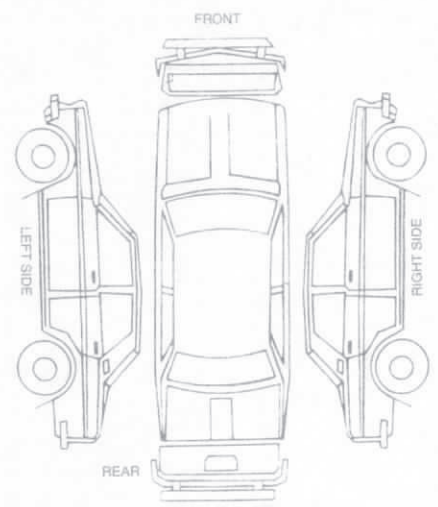
Team: ARC Repair TP(CFSO)1 **JOB CARD** Sales Order: JC NO.: 305298886

DMER S DMER NO. ESS (R) (P) DUNT CARD NO.	CITYCAB PTE LTD 7010070 383 SIN MING DRIVE Singapore SINGAPORE 575717 65551188 (O)	REGN NO.: SHC 732K	MILEAGE
		MAKE: HYUNDAI	FUEL E.....1/2.....F
		MODEL IONIQ(G2)	DATE/TIME IN 28.05.2019 08:30
		YR OF MANU 01.08.2018	TARGET DATE
		CHASSIS CODE RMHC851CVJU103733	COMPLETION DATE/TIME:

Accident Date: 27.05.2019
NATURE: 3P 27.05.19

JOB DESCRIPTION

S/NO LABOR CODE DESCRIPTION



BOOKED & PASSED OUT BY: _____

SERVICE ADVISOR CUSTOMER'S SIGNATURE

Exit Pass

No.: SHC 732K FZ LONPAC

Signature/Date

Returned to Service Reception upon collection

Vehicle No.: SHC 732K

Name of Service Advisor Date

To be kept by Security Guard