

15/5/2010

INS. CASE OWNER:

Jas Tan

CC 4, Asm 190 10286, K1pa3

LKK:

IDAC:

120801

Surveyor:

Kahn

DOI:

ASSIGNMENT

11-6-19

Date / Time:

11/6/2019

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SFH 6111K

Claim No.:

59m0126P

Name of Insured:

RAVINDRAN SLOM RAJOO

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :SS

D.O.A:

9/6/2019

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

SHE 3718 H



INSRS:

WSP:

Tel:

Liability:

RMKS:

COherology.



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

SHE 3718 H - cc3 / 1113010009 / K1pa3 ; 08: 9/6/2019
SFH 6111K - X

11/6 OMR - sent out let letter.

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:

S\$

(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\$

1) Claim status: Normal/Reject/Private Settle

Disbursement:

S\$

(e.g. Tow/ Independent)

2) Report Format:

Legal Cost

S\$

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:

COMFORTDELGRO

Date/Time: 10.06.2019 16:43

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305302315

STOMER

MS : COMFORT TRANSPORTATION PTE LTD
STOMER NO. 7010045
DRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65508755 (O)

COUNT CARD NO.

REGN NO.:

SHC3718H

MILEAGE

MAKE :

HYUNDAI

FUEL

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

MODEL

I-40

DATE/TIME IN

10.06.2019 14:35

YR OF MANU.

07.08.2014

TARGET DATE

CHASSIS CODE

KMHLB41UMEU056299

COMPLETION DATE/TIME:

JOB DESCRIPTION

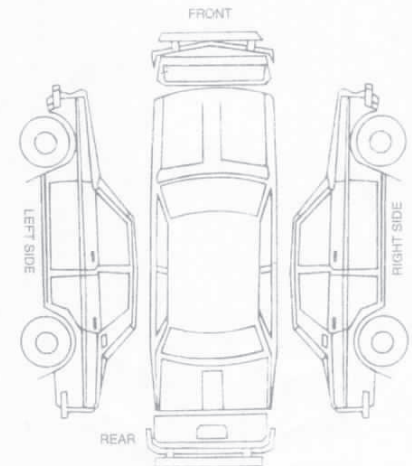
Accident Date: 09.06.2019

NATURE: 3P 09.06.2019

S/NO

LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

acknowledgement Slip

Exit Pass

Vehicle No.:

SHC3718H

LKE

Vehicle No.:

SHC3718H

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard