

INS. CASE OWNER:

CC3 /CTI1901

0412, k2663

LKK:

IDAC:

Surveyor:

KALVIN.

DOI:

11/6/19

Date / Time :

11/6/19.

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

GRB 3845A

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :SS

D.O.A :

11/6/19.

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

SHL 2359C



INSRS:

WSP:

Tel :

Liability :

RMKS:

CODE

M



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time		STAGE	DATE / PIC
	SHL 2359C-X	GRB 3845A-X	
		Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OE:	
		Documentation Check List:	Handler Typist
		Notification ltr (if non-pickup)	☐ ☐
		After call ltr to OE:	☐ ☐
		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: Confirm 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:	

OMFORTDELGRO ENGINEERING

member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

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59 Loyang Drive Singapore 508969

383 Sin Ming Drive Singapore 575717

45 Pandan Road Singapore 609286

300 Ubi Road 3 Singapore 408664

24 Seroko Loop Singapore 758156

7 Sungai Kadut Way Singapore 728791

501 Yishun Industrial Park A Singapore 768732

Date/Time: 11.06.2019 15:17 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order: 3929327

JC NO.: 305302630

OMER	REGN NO.: SHC2559G	MILEAGE
IS COMFORT TRANSPORTATION PTE LTD	MAKE: TOYOTA	FUEL
7010045	MODEL PRIUS HYBRID(G4)	E.....1/2.....F
OMER NO. 383 SIN MING DRIVE	DATE/TIME IN 11.06.2019 13:30	YR OF MANU 06.12.2018
ESS Singapore SINGAPORE 575717	CHASSIS CODE JTDKB3FU803077518	COMPLETION DATE/TIME:
65508755 (R) (O)		
(P)		
DUNT CARD NO.		

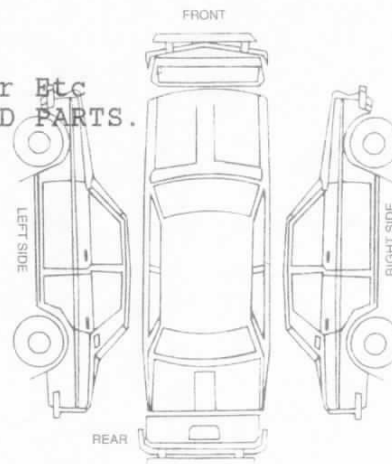
JOB DESCRIPTION

Accident Date: 11.06.2019

NATURE: 3P 11.06.19

S/NO	LABOR CODE
000020	PB
000030	SP
000040	20-00

DESCRIPTION
PANEL BEATING
SPRAYPAINT-Frt Bumper Etc
TUFF COAT ON AFFECTED PARTS.



BOOKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Redemption Slip

Exit Pass

No.: SHC2559G LIMITS

Vehicle No.: SHC2559G

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard