

15/5/2010

INS. CASE OWNER:

CC 3 / CTI1901 1226, 82663

LKK:

IDAC:

Surveyor:

kalun

DOI:

ASSIGNMENT

24/6/19

Date / Time:

24/6/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SFY 8294m.

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____

HP: _____

Make / Model : _____

Excess Sec II : \$

D.O.A : 27/6/19

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

SHC 990T



INSRS:

WSP:

Tel :

Liability :

RMKS:

CODE
45

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC
SHC 990T-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: \$	(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: \$		
Loss of Rental (LOR): \$	(days)	
Loss of Use (LOU): \$	(\$ x days)	
Loss of Income (LOI): \$	(\$ x days)	
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LO ☐ [Tick only one]		
GIA/LTA Search \$		
Medical: \$		
Disbursement: \$	(e.g. Tow/ Independent)	1) Claim status: Normal/Reject/Private Settle
Legal Cost \$		2) Report Format:
		3) Survey fee:
Total: \$	Global Sum \$:	
FINAL PAYMENT Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1: \$	Name 1:	
Payee 2: (Strike if N.A.) \$	Name 2:	
Payee 3: (Strike if N.A.) \$	Name 3:	

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order:

JC NO.: 305305649

STOMER

/MS CITYCAB PTE LTD
STOMER NO. 7010070
DRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
-- (R) 65551188 (O)
(P)

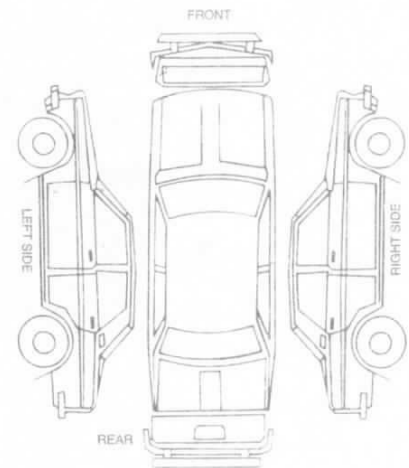
ICOUNT CARD NO.

REGN NO.:	SHC 995T	MILEAGE
MAKE :	MERCEDES BENZ	FUEL E.....1/2.....F
MODEL	VIANO CDI 2.2L	DATE/TIME IN 23.06.2019 18:25
YR OF MANU.	11.10.2013	TARGET DATE
CHASSIS CODE	WDF63981323809385	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 23.06.2019
NATURE: 3P 23.06.2019

S/NO LABOR CODE DESCRIPTION



IECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

nowledgement Slip

Exit Pass

Vehicle No.: SHC 995T CHIANG

e of Service Advisor

Signature/Date

Name of Service Advisor

Date

a returned to Service Reception upon collection

To be kept by Security Guard