

INS. CASE OWNER:

Surveyor:

DOI:

Date / Time :

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.

Name of Insured

Insured Tel No.

Excess Sec II :SS

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
100	100	100
90	90	90
80	80	80
70	70	70
60	60	60
50	50	50
40	40	40
30	30	30
20	20	20
10	10	10
0	0	0



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

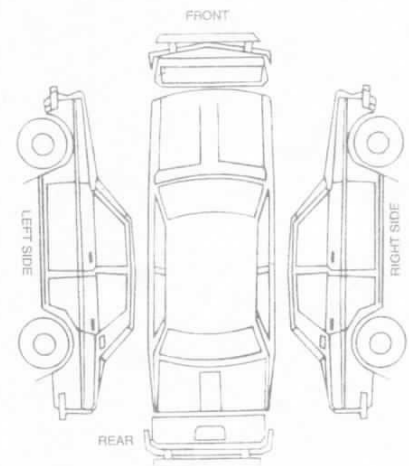
Date/ Time			STAGE	DATE / PIC
			Non-Reporting ltr (1st):	
			Non-Reporting ltr (2nd):	
			Non-Reporting ltr (Final):	
			Notification ltr (if non-pickup):	
			Call OI:	
			After call ltr to OI:	
			Documentation Check List:	Handler Typist
			Notification ltr (if non-pickup)	☐ ☐
			After call ltr to 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:	☐ ☐
PRELIMINARY ADVICE	Date/Time:	Sent By:	Post-Repair Photos:	☐ ☐
			Others:	☐ ☐
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		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:		

Team: ARC Repair TP(CLSO)1		JOB CARD		Sales Order:		JC NO.: 305307529	
CUSTOMER MS CUSTOMER NO. ADDRESS (R) (P)				REGN NO.: SHD7069R		MILEAGE	
				MAKE : HYUNDAI		FUEL E.....1/2.....F	
				MODEL I-40		DATE/TIME IN 30.06.2019 09:40	
				YR OF MANU 15.10.2015		TARGET DATE	
				CHASSIS CODE KMHLB41UMGU078608		COMPLETION DATE/TIME:	
COUNT CARD NO.							

JOB DESCRIPTION

Accident Date: 29.06.2019
NATURE: 3P 29.06.2019

S/NO	LABOR CODE	DESCRIPTION
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CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

By: SHD7069R CHIANG

Vehicle No.: SHD7069R

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard