

15/5/2010

INS. CASE OWNER:

CC 4 /AIG1901 laaa ezhb3

LKK:

IDAC:

Surveyor:

kalin

DOI:

ASSIGNMENT

8/3/19

Date / Time :

8/3/19

Registered in Merimen:

8/3/19

Pre-assign / CCU / FTE



Insured Vehicle No. :

smg 4227x

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :\$S

D.O.A :

4/3/19

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

SHA 7681m



INSRS:

WSP:

Tel :

Liability :

RMKS:

code
ly

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:	☐ ☐
	Post-Repair Photos:	☐ ☐
	Others:	☐ ☐
PRELIMINARY ADVICE	Date/Time:	Sent By:
FINALIZATION	Date/Time:	Confirm with:
Repair Cost:	\$S	(days) Reduction: %
		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :
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:

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

JC NO.: 305309095

CUSTOMER

COMFORT TRANSPORTATION PTE LTD VARS
7010045
CUSTOMER NO.
383 SIN MING DRIVE
ADDRESS Singapore SINGAPORE 575717
65508755
L (R) (O)
(P)

REGN NO:	SHA7681M	MILEAGE
MAKE:	MERCEDES BENZ	FUEL E.....1/2.....F
MODEL	E220CDI (E6)	DATE/TIME IN 04.07.2019 18:55
YR OF MANU	13.05.2015	TARGET DATE
CHASSIS CODE	WDD2120012B171365	COMPLETION DATE/TIME:

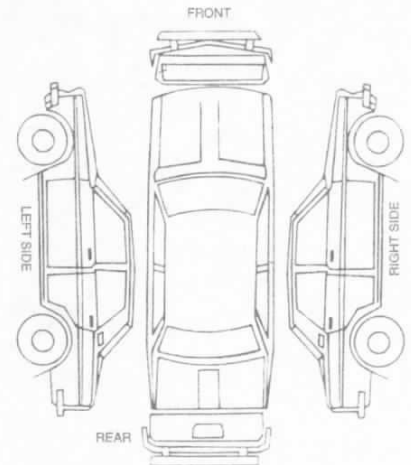
SCOUNT CARD NO.

JOB DESCRIPTION

Accident Date: 04.07.2019
NATURE: 3P 04.07.2019

S/NO LABOR CODE DESCRIPTION

AG - Rear, A/C system



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHA7681M
Signature: LARRY

Vehicle No.: SHA7681M

Larry Ng

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard