

15/5/2010

CC 3/EQ1600 3083 / H2W63

LKK:
IDAC:

INS. CASE OWNER:

ASSIGNMENT

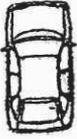
Surveyor: Henry

DOI: 6/5/10

Date / Time: 18/7/10

Registered in Merimen: -

Pre-assign / CCU / FTE



Insured Vehicle No. : XB 7192M

Name of Insured : _____

Insured Tel No. : _____ HP: _____

Excess Sec II :SS _____ D.O.A : 6/5/10

Is driver the owner? (YES / NO) Nature of Accident : _____

If NO, Driver Name / Age : _____ (V/L: YES / NO)

Driver Tel No. : _____

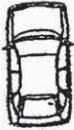
Claim No. : _____

Policy No. : _____

Make / Model : _____

Place of Accident : _____

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
Insured Liability : % Final ? Yes / No



INSRS: CDGE
WSP: 10gung
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
<u>SHC 33687 - X</u>	Non-Reporting ltr (1st):	
<u>XB 7192M - X</u>	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)	<input type="checkbox"/> <input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	Towing Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
	PIR:	<input type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
	LOD	<input type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____ Confirm by: _____

FINALIZATION	Date/Time: _____	Confirm with: _____	Confirm by: _____
Repair Cost:	S\$ _____	(_____ days) Reduction: _____ %	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time: _____	Confirm with _____	If NO or B 28, Ass. Lia : _____
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)	
OR only <input type="checkbox"/> LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/>	[Tick only one]	
IA/LTA Search	S\$ _____		1) Claim status: Normal/Reject/Private Settle
Medical:	S\$ _____		2) Report Format: _____
Disbursement:	S\$ _____	(e.g. Tow/ Independent)	3) Survey fee: _____
Total Cost	S\$ _____	Global Sum S\$: _____	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL PAYMENT	Date/Time: _____	Confirm with: _____	
Payment 1:	S\$ _____	Name 1: _____	
Payment 2: (Strike if N.A.)	S\$ _____	Name 2: _____	
Payment 3: (Strike if N.A.)	S\$ _____	Name 3: _____	

Team: ARC Repair TP(OLEO)1

JOB CARD Sales Order:

JC No. 304865774

CUSTOMER VMS COMFORT TRANSPORTATION PTE LTD 7010045 CUSTOMER NO. 383 SIN MING DRIVE ADDRESS Singapore SINGAPORE 575717 65508755 L (R) (O) (P) ACCOUNT CARD NO.	REGN NO: SHC3368J	MILEAGE
	MAKE: HYUNDAI	FUEL E.....1/2.....F
	MODEL SONATA	DATE/TIME IN 17.02.2016 09:08
	YR OF MANU 2011	TARGET DATE
	CHASSIS CODE KMHR141VMBA805634	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 06.02.2016
NATURE: ACC.06.02.16/R

S/NO	LABOR CODE	DESCRIPTION
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4S
 EQ - XB 7192M
 Front RH
 LKK - Henry

CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

No.:
 File No.: SHC3368J LHMPS

Vehicle No.: SHC3368J

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard