

INS. CASE OWNER:

CC 3/QBE1901 5706 kleb

LKK:

IDAC:

Surveyor:

Kaliu.

DOI:

ASSIGNMENT

28/8/19

Date / Time :

28/8/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : XE 3540T.

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____

HP: _____

Make / Model : _____

Excess Sec II : S\$

D.O.A : 27/8/19

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

SHB 4201E

INSRS:
WSP: 1645
Tel : 11
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
SHB 4201E - X	Non-Reporting ltr (1st):	
XE 3540T - X	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: 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)	1) Claim status: Normal/Reject/Private Settle
Legal Cost	S\$	2) Report Format:
		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:	

HIRER Please COPY 110

of Authorisation

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701
Mainline + 65 6383 6280 Facsimile + 65 6280 9755
Workshops
59 Loyang Drive Singapore 508969
383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609286
220 Ubi Road 3 Singapore 408640
24 Senoko Loop Singapore 758
7 Sungei Kadut Way Singapore
501 Yishun Industrial Park A Singapore

Date/Time: 28.08.2019 12:58

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Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 30532

CUSTOMER

MR/MS
CUSTOMER NO. 7010045
ADDRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
TEL (R) 65508755 (O)

VARS

REGN NO.: SHB4201E	MILEAGE
MAKE: HYUNDAI	FUEL
MODEL I-40	E.....1/2.....
YR OF MANU 16.07.2015	DATE/TIME IN 27.08.2019 1
CHASSIS CODE KMHLB41UMGU075411	TARGET DATE
	COMPLETION DATE/T

DISCOUNT CARD NO.

Accident Date: 27.08.2019
NATURE: 3P 27.08.2019

JOB DESCRIPTION

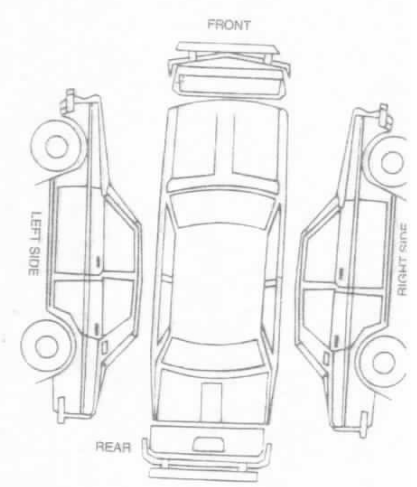
S/NO

LABOR CODE

DESCRIPTION

Q B 2 - Right Rear

25° b.



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Knowledge Slip

Exit Pass

Vehicle No.:

SHB4201E

LARRY

SHB4201E

Larry Ng

of Service Advisor

Signature/Date

Name of Service Advisor

returned to Service