

15/5/2010

INS. CASE OWNER:

CC 3 / CTI1901 6042, Klebb

LKK:
IDAC:

Surveyor: Kalvin DOI: 9/1/10 Date / Time: 9/1/10
Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : SJX 64705 Claim No. : _____
 Name of Insured : _____ Policy No. : _____
 Insured Tel No. : _____ HP: _____ Make / Model : _____
 Excess Sec II :SS _____ D.O.A : 9/1/10 Place of Accident : _____
 Is driver the owner? (YES / NO) Nature of Accident : _____
 If NO, Driver Name / Age : _____ OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
 Driver Tel No. : _____ (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SH 8475B → → → → →

 INSRs: WSP: <u>CBGE</u> Tel : <u>M</u> Liability : RMKS:	 INSRs: WSP: Tel : Liability : RMKS:	 INSRs: WSP: Tel : Liability : RMKS:	 INSRs: WSP: Tel : Liability : RMKS:
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Date/ Time	STAGE	DATE / PIC
<u>SH 8475B-x</u>	Non-Reporting ltr (1st):	
<u>SJX 64705-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"/>
	After call ltr to OI:	<input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>
	Towing Invoice:	<input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/>
	LOD	<input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>

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)
 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(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305331449

OMER	REGN NO.: SH 8455B	MILEAGE
IS COMFORT TRANSPORTATION PTE LTD	MAKE: HYUNDAI	FUEL
OMER NO. 7010045	MODEL I-40	E.....1/2.....F
IESS 383 SIN MING DRIVE	YR OF MANU 28.04.2016	DATE/TIME IN 08.09.2019 09:05
Singapore SINGAPORE 575717	CHASSIS CODE KMLB41UMGU087842	TARGET DATE
65508755		COMPLETION DATE/TIME:
(R) (O)		
(P)		
JUNT CARD NO.		

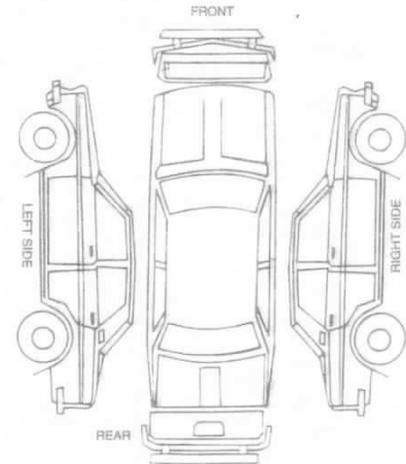
CHINA

JOB DESCRIPTION

Accident Date: 07.09.2019

NATURE: 3P 07.09.2019

S/NO LABOR CODE DESCRIPTION



RECEIVED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Exit Pass

Exit Pass

Vehicle No.: SH 8455B

LKE

Kawin

Vehicle No.: SH 8455B

Signature/Date

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard