

15/5/2010

INS. CASE OWNER:

CC 4/AIG190 22767 / kb3

LKK:  
IDAC:

Surveyor: Tausikh DOI: ASSIGNMENT 27/12/19 Date / Time: 20/12/19  
Registered in Merimen: 27/12/19

Pre-assign / CCU / FTE



Insured Vehicle No. : SBW 19C Claim No. : \_\_\_\_\_  
Name of Insured : Valerie Koh Xin Ying Policy No. : \_\_\_\_\_  
Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model : \_\_\_\_\_  
Excess Sec II : \$ \$ D.O.A : 20/12/19 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

SK 7805G → → → → → → → → → →



INSRS: \_\_\_\_\_  
WSP: 096  
Tel : \_\_\_\_\_  
Liability : 4  
RMKS: \_\_\_\_\_



INSRS: \_\_\_\_\_  
WSP: \_\_\_\_\_  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_



INSRS: \_\_\_\_\_  
WSP: \_\_\_\_\_  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_



INSRS: \_\_\_\_\_  
WSP: \_\_\_\_\_  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_

Date/ Time	STAGE	DATE / PIC
<u>SK 7805G</u>	<u>SBW 19C</u>	
<u>01/12/19</u>	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)	<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: \$ \$ ( \_\_\_\_\_ 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: \$ \$  
Loss of Rental (LOR): \$ \$ ( \_\_\_\_\_ days)  
Loss of Use (LOU): \$ \$ (\$ x days)  
Loss of Income (LOI): \$ \$ (\$ x days)  
LOR only  LOU only  LOR + LOU  LOR + LO  [Tick only one]  
GIA/LTA Search \$ \$  
Medical: \$ \$  
Disbursement: \$ \$ (e.g. Tow/ Independent ) 1) Claim status: Normal/Reject/Private Settle  
Legal Cost \$ \$ 2) Report Format: \_\_\_\_\_  
3) Survey fee: \_\_\_\_\_

Total: \$ \$ Global Sum \$ \$:

FINAL PAYMENT Date/Time: \_\_\_\_\_ Confirm with: \_\_\_\_\_ Email  Call

Payee 1: \$ \$ Name 1: \_\_\_\_\_  
Payee 2: (Strike if N.A.) \$ \$ Name 2: \_\_\_\_\_  
Payee 3: (Strike if N.A.) \$ \$ Name 3: \_\_\_\_\_



**Workshops**

39 Loyang Drive, Singapore 603969      21 Serangoon Road, Singapore 559106  
 333, Sin Ming Drive, Singapore 575011      7 Simei Road, Singapore 528191  
 15 Panuan Road, Singapore 609286      111 Senus Industrial Park A, Singapore 768732  
 120 Ubi Road 3, Singapore 408649

Member of COMFORT DELGRO

Date/Time: 26.12.2019 14:13 Page : 1

Team: ARC Repair TP(CLSO)1

### JOB CARD

Sales Order:

JC NO.: 305369738

OMER

S COMFORT TRANSPORTATION PTE LTD  
 OMER NO. 7010045  
 ESS 383 SIN MING DRIVE  
 Singapore SINGAPORE 575717  
 (R) 65508755 (O)  
 (P)

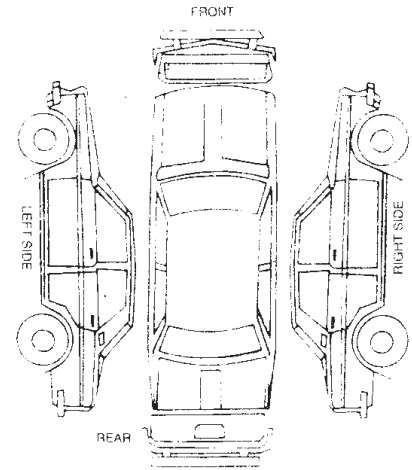
REGN NO.: SH 7805G	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 26.12.2019 09:50
YR OF MANU. 24.11.2016	TARGET DATE
CHASSIS CODE KMHLB41UMHU096500	COMPLETION DATE/TIME:

JUNT CARD NO.

JOB DESCRIPTION

Accident Date: 25.12.2019  
 NATURE: 3P 25.12.19

S/NO                      LABOR CODE                      DESCRIPTION



RECEIVED & PASSED OUT BY: \_\_\_\_\_

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Exit Pass Slip

Exit Pass

Vehicle No.: SH 7805G                      JU AIG

Vehicle No.: SH 7805G

Signature/Date

Signature/Date

Name of Service Advisor

Date

To be returned to Service Reception upon collection

To be kept by Security Guard

