

INS. CASE OWNER:

CC 4 / A16 2000 00 64 / Fd 3

LKK:

IDAC:

## ASSIGNMENT

Surveyor:

Ram

DOI:

31/12/19

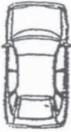
Date / Time:

30/12/19

Registered in Merimen:

21/1/2020

Pre-assign / CCU / FTE



Insured Vehicle No.:

SLJ 2546J

Claim No.:

Name of Insured:

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :SS

D.O.A.:

28/12/19

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.:

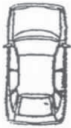
(V/L: YES / NO)

Insured Liability:

%

Final ? Yes / No

SHD 3897T



INSRS:

WSP: Comfortdelgro

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

SHD 3897T : CS/FCI 19108728 / EV6302 ; D.O.A. : 24/4/19  
SLJ 2546J : x

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:

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 + LOI

[Tick only one]

GIA/LTA Search

S\$

Medical:

S\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Legal Cost

S\$

1) Claim status: Normal/Reject/Private Settle

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:



Team: ARC Repair TP(CLSO)1

**JOB CARD**

Sales Order:

JC NO.: 305370545

STOMER

COMFORT TRANSPORTATION PTE LTD  
7010045  
STOMER NO. 383 SIN MING DRIVE  
DRESS Singapore SINGAPORE 575717  
65508755

(R)  
(P)

COUNT CARD NO.

REGN NO.: SHD3897T

MILEAGE

MAKE: TOYOTA

FUEL

E.....1/2.....F

MODEL PRIUS HYBRID(G4)30.12.2019 09:45

YR OF MANU 13.12.2018

TARGET DATE

CHASSIS CODE JTDKB3FU203077725

COMPLETION DATE/TIME:

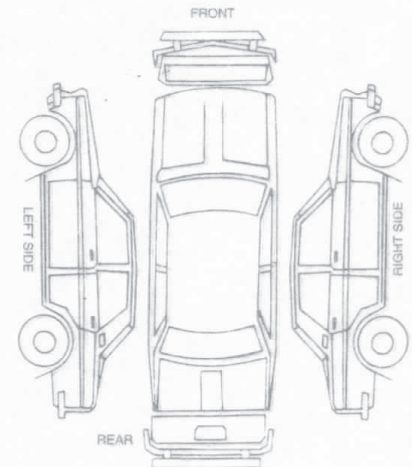
### JOB DESCRIPTION

Accident Date: 28.12.2019  
NATURE: 3P 28.12.2019

S/NO

LABOR CODE

DESCRIPTION



HECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

wedgement Slip

Exit Pass

No.: SHD3897T CHIANG

Vehicle No.: SHD3897T

of Service Advisor

Signature/Date

Name of Service Advisor

Date

eturned to Service Reception upon collection

To be kept by Security Guard