

INS. CASE OWNER:

CC 3 / A / 6 2000 0083 / Fes3

LKK:

IDAC:

Surveyor:

Ram

DOI:

31/12/19

Date / Time:

30/12/19

Registered in Merimen:

2/1/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SJB 6262S

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :SS _____ D.O.A : 27/12/19

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

SHC 2933J

INSRS:
WSP: Com Burt Delgro
Tel : (Loyang)
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SHC 2933J : X ; SJB 6262S : 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
			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\$		1) Claim status: Normal/Reject/Private Settle	
Disbursement:	S\$	(e.g. Tow/ Independent)	2) Report Format:	
Legal Cost	S\$		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: _____		

30/12

TOTAL

[illegible]

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

JC NO.: 305370745

STOMER

VMS

STOMER NO.

DRESS

(R)

(P)

ICOUNT CARD NO.

COMFORT TRANSPORTATION PTE LTD

7010045

383 SIN MING DRIVE

Singapore SINGAPORE 575717

65508755

(O)

VAR

REGN NO.: SHC2933J

MILEAGE

MAKE: HYUNDAI

FUEL

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

MODEL IONIQ(G2)

DATE/TIME IN 30.12.2019 12:30

YR OF MANU 12.07.2018

TARGET DATE

CHASSIS CODE KMHC851CVJU103583

COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 27.12.2019

NATURE: 3P 27.12.2019

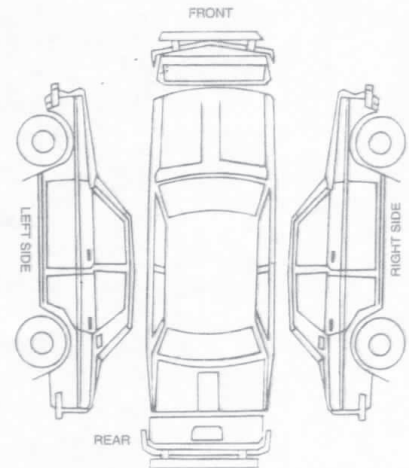
S/NO

LABOR CODE

DESCRIPTION

AIG - Wide Right Side

LKK/



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

wedgement Slip

Exit Pass

No.:

SHC2933J

LARRY

Vehicle No.:

SHC2933J

Larry Ng

of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard