

ASSIGNMENTSurveyor: **NAZ**DOI: **29/01/2020**Date / Time : **29/01/2020**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **GBF 4547H**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **24/01/2020 21:40**Place of Accident : **MAXWELL ROAD >> NEIL ROAD**

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****SHA 7338E**INSRS:
WSP: **CDGE**
Tel : **LOYANG**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SHA 7338E - CC3/AIG16019204/H1wb3q2; DOA: 07.10.16 - CS/FCI16006573/Kqbc2; DOA: 08.04.16	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: _____	Confirm 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\$ _____	1) Claim status: Normal/Reject/Private Settle	
Medical:	S\$ _____	2) Report Format: _____	
Disbursement:	S\$ _____ (e.g. Tow/ Independent)	3) Survey fee: _____	
Legal Cost	S\$ _____		
Total:	S\$ _____ Global Sum S\$: _____	Email ☐	Call ☐
FINAL PAYMENT	Date/Time: _____ Confirm with: _____		
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.: 305377354

MEMBER

COMFORT TRANSPORTATION PTE LTD
7010045

MEMBER NO. 383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65508755 (O)

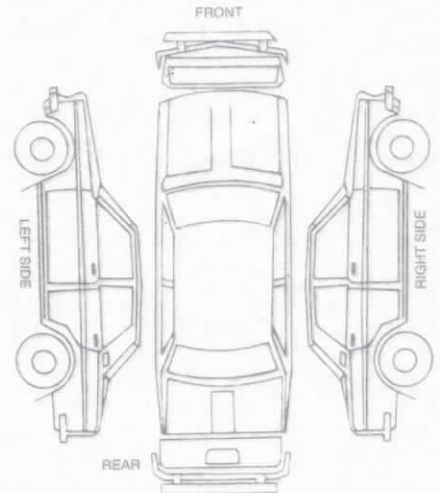
PRINT CARD NO.

REGN NO.: SHA7338E	MILEAGE
MAKE : TOYOTA	FUEL E.....1/2.....F
MODEL PRIUS HYBRID(G4)	DATE/TIME IN 24.01.2020 21:40
YR OF MANU. 29.05.2019	TARGET DATE
CHASSIS CODE JTDKB3FU203080866	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 24.01.2020
Accident Time: 3P 24.01.2020

/NO LABOR CODE DESCRIPTION



ISSUED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Assessment Slip

Exit Pass

o.: **SHA7338E** **LIMITS**

Vehicle No.: **SHA7338E**

Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard