

INS. CASE OWNER:

**ASSIGNMENT**

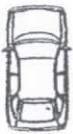
Surveyor: RAM

DOI: 06/02/2020

Date / Time : 06/02/2020

Registered in Merimen: \_\_\_\_\_

**Pre-assign / CCU / FTE**



Insured Vehicle No. : PA 9335E

Claim No. : \_\_\_\_\_

Name of Insured : \_\_\_\_\_

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

Excess Sec II :S\$ \_\_\_\_\_ D.O.A : 04/02/2020

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 6008Y →



INSRS:  
WSP: EDGE  
Tel: LOYANG  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time	PA 9335E - NA/INC14011672/d2; DOA : 20.06.14	SH 6008Y - CS/FCI18021235/Kvd3e2; DOA: 19.11.18	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:	
			<b>Documentation Check List:</b>	<b>Handler</b> <b>Typist</b>
			Notification ltr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
			After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
			Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
			Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
			Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
			Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
			Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
			LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
			Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
			PIR:	<input type="checkbox"/> <input type="checkbox"/>
			Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
			LOD	<input type="checkbox"/> <input type="checkbox"/>
			Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
			Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
			Others:	<input type="checkbox"/> <input type="checkbox"/>
<b>PRELIMINARY ADVICE</b>	Date/Time: _____ Sent By: _____			
<b>FINALIZATION</b>	Date/Time: _____ Confirm with: _____			Confirm by: _____ Email <input type="checkbox"/> Call <input type="checkbox"/>
Repair Cost:	S\$ _____ ( _____ days) Reduction: _____ %			
<b>FINAL SETTLEMENT</b>	Date/Time: _____ Confirm with _____			Email <input type="checkbox"/> Call <input type="checkbox"/>
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 <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/>				[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\$ _____			
<b>Total:</b>	<b>S\$ _____ Global Sum S\$:</b>			
<b>FINAL PAYMENT</b>	Date/Time: _____ Confirm with: _____			Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	S\$ _____ Name 1: _____			
Payee 2: (Strike if N.A.)	S\$ _____ Name 2: _____			
Payee 3: (Strike if N.A.)	S\$ _____ Name 3: _____			



member of COMFORTDELGRO

Date/Time: 05.02.2020 15:16      Page : 1

Team: ARC Repair TP(CLSO)1

### JOB CARD

Sales Order:

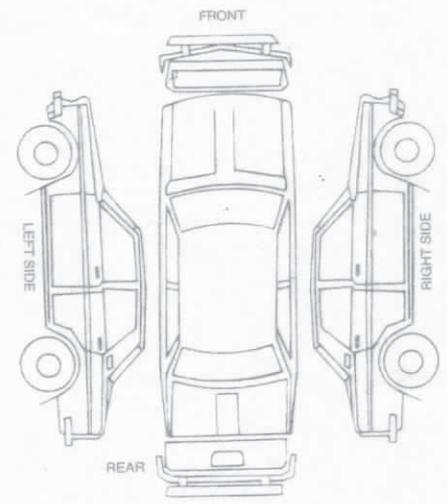
JC NO.: 305379352

TOMER  VS TOMER NO. RESS  (R) (P)	COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755	REGN NO.: <b>SH 6008Y</b>	MILEAGE
		MAKE: <b>HYUNDAI</b>	FUEL E.....1/2.....F
		MODEL <b>I-40</b>	DATE/TIME IN <b>04.02.2020 17:25</b>
		YR OF MANU <b>29.09.2016</b>	TARGET DATE
		CHASSIS CODE <b>KMHLB41UMGU093521</b>	COMPLETION DATE/TIME:
	COUNT CARD NO.		

### JOB DESCRIPTION

Accident Date: 04.02.2020  
NATURE: 3P 04.02.2020

S/NO      LABOR CODE      DESCRIPTION



CHECKED & PASSED OUT BY: \_\_\_\_\_

\_\_\_\_\_  
SERVICE ADVISOR

\_\_\_\_\_  
CUSTOMER'S SIGNATURE

acknowledgement Slip

Vehicle No.: **SH 6008Y**      **CHIANG**

Signature/Date

of Service Advisor

returned to Service Reception upon collection

Exit Pass

Vehicle No.: **SH 6008Y**

Name of Service Advisor

Date

To be kept by Security Guard