INS. CASE OWNER: SUNDARI | CC6/III19020955/Kga3 | LKK: IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 25/11/2019 Date / Time: 25/11/2019

Registered in Merimen: 26.11.2019

Pre-assign / CCU / FTE

Insured Vehicle No. : SHC 8603Y Claim No. :

Name of Insured : COMFORT TRANSPORTATION PTE LTD Policy No. : MCOM0015

Insured Tel No. : HP: Make / Model : HYUNDAI I40

Excess Sec II :S$ D.O.A : 20/11/2019 23:25 Place of Accident : HOUGANG AVE 2 > ANG MO KIO & FLORENCE RD JUNCTION

Is driver the owner? (YES / NO) Nature of Accident :

If NO, Driver Name / Age : CHIN KAR BOON OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : +65-83396936 (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SMD 7661X → → →

INSRS:
WSP: HUI YANG
Tel : MOTOR
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SMD 7661X- X SHC 8603Y - CC4/AIG19011082/K1eb3; DOA: 20.6.19 - CS/FCI16000568/M1gh3c2; DOA: 8.1.16	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
29/062020	MR YEW TO CHOP AND SIGN - REJECT CASE	**Documentation Check List:**	**Handler** **Typist**
	TP FAIL TO STOP AT STOP LINE BEFORE TURNING OUT TO MAJOR RD.	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:	

Reject Case
By (staff) :
Approved by : Nic
Date : 29/06/20

PRELIMINARY ADVICE	Date/Time:	Sent By:	
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: L/S	S$ $4300.00 (3 days) Reduction: 1940.85 % 31		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Call ☐
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost:	S$		
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: REJECT
Legal Cost	S$		3) Survey fee: $250.00
Total:	**S$**	**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:	