

CC6/FCI19022095/Qea3q2

15/5/2010

INS. CASE OWNER:

~~CC6/FCI19022095/Qea3q2~~

LKK:

IDAC:

Surveyor: Sun Pin. DOI: ASSIGNMENT 17/1/11 Date / Time : 17/1/11
Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SKA 2968U Claim No. : D19007069MFSH
Name of Insured : COMFORT TRANSPORTATION PTE LTD Policy No. : D-18088936MFSH
Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :\$ _____ D.O.A : 1/11/11 Place of Accident : _____
Is driver the owner? (YES / NO) Nature of Accident : _____

If NO, Driver Name / Age : MARZUKI B KARIM OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
Driver Tel No. : _____ (V/L: YES / NO) Insured Liability : % Final ? Yes / No

TBG 2921 → _____ → _____ → _____ → _____



INSRS: _____
WSP: CHTN
Tel : Meng.
Liability : _____
RMKS: _____



INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____

Date/ Time	STAGE	DATE / PIC
<u>17/1/11</u>	Non-Reporting ltr (1st):	
<u>SKA 2968U - 15/5/2010</u>	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)	<input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>
	Towing Invoice:	<input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/>
	LOD	<input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____		
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: <u>OSP</u>		
Repair Cost: <u>L/S</u> \$ <u>2,600.00</u> (<u>4</u> days) Reduction: <u>43</u> % Email <input type="checkbox"/> Call <input type="checkbox"/>		
FINAL SETTLEMENT Date/Time: <u>25.10.21</u> Confirm with: <u>KIM SENG</u> Email <input type="checkbox"/> Call <input type="checkbox"/>		
Final Liability: % <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>NIL</u> If NO or B 28, Ass. Lia : _____		
Repair Cost: \$ <u>2,600.00</u> OID MAKE A RIGHT TURN AT CONTROL JUNCTION		
Loss of Rental (LOR): \$ <u>-</u> (_____ days)		
Loss of Use (LOU): \$ <u>80.00</u> (\$ <u>20</u> x <u>4</u> days)		
Loss of Income (LOI): \$ <u>-</u> (\$ _____ x _____ days)		
LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/> [Tick only one]		
GIA/LTA Search \$ <u>-</u>		
Medical: \$ <u>-</u>	1) Claim status: Normal/ Reject/Dispute/Other	
Disbursement: \$ <u>-</u> (e.g. Tow/ Independent)	2) Report Format: <u>TP</u>	
Legal Cost \$ <u>-</u>	3) Survey fee: <u>\$350</u>	
Total: \$ <u>2,680.00</u> Global Sum \$ <u>\$:</u>		
FINAL PAYMENT Date/Time: <u>25.10.21</u> Confirm with: <u>KIM SENG</u> Email <input type="checkbox"/> Call <input type="checkbox"/>		
Payee 1: \$ <u>2,680.00</u> Name 1: <u>CHIN MENG MOTORS</u>		
Payee 2: (Strike if N.A.) \$ <u>-</u> Name 2: _____		
Payee 3: (Strike if N.A.) \$ <u>-</u> Name 3: _____		