

INS. CASE OWNER:

KAREN TAN

CC4/FCI20000119/T1ha3

LKK:

IDAC:

**ASSIGNMENT**

Surveyor:

TAUFIKH

DOI: 07/01/2020

Date / Time : 02/01/2020

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

Pre-assign / CCU / FTE



Insured Vehicle No. : SH 6956K

Claim No. : D20000051MFSH

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Policy No. : D-19092580MFSH

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

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

Excess Sec II :S\$ \_\_\_\_\_ D.O.A : 25/12/2019 04:30

Place of Accident : BLK 119 POTONG PASIR AVE 1 OPEN SPACE CARPARK

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

SME 5392E

INSRS:  
WSP: TEAMWORK  
Tel : GARAGE  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time		STAGE	DATE / PIC
	SH 6956K - CS/FCI17017184/T1vbe2; DOA: 22.08.17	Non-Reporting ltr (1st):	
	SME 5392E NA/INC19022716/z4; DOA: 25.12.2019	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"/>
	SUBMIT WP REPORT, FCI WILL HANDLE SETTLEMENT		
<b>PRELIMINARY ADVICE</b>	Date/Time: _____ Sent By: _____		
<b>FINALIZATION</b>	Date/Time: _____ Confirm with: _____ Confirm by: _____		
Repair Cost:	S\$ _____ ( _____ days) Reduction: _____ %	Email <input type="checkbox"/> Call <input type="checkbox"/>	
<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\$ --		
Medical:	S\$ --		
Disbursement:	S\$ -- (e.g. Tow/ Independent )	1) Claim status: Normal/Reject/Private Settle	
Legal Cost	S\$ --	2) Report Format: WP REPORT	
<b>Total:</b>	S\$ _____ Global Sum S\$:	3) Survey fee: \$341.00	
<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: _____		

(WP REPORT, NO SETTLEMENT)