15/5/2010

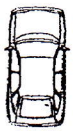
INS. CASE OWNER: KAREN TAN | CC4/FCI20000198/ ga3 | LKK: IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 27/12/2019

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 3376X | Claim No. : D19008086MFSH

Name of Insured : COMFORT TRANSPORTATION PTE LTD | Policy No. : D-19092580MFSH

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

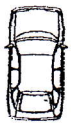
Excess Sec II :S$ _____ D.O.A : 21/12/2019 09:45 | Place of Accident : ORCHARD RD TOWARDS BRAS BASAH RD

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

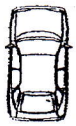
If **NO**, Driver Name / Age : CHIA SENG HOCK | OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : +65-96415612 (V/L: YES / NO) | Insured Liability : % **Final ? Yes / No**

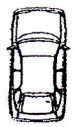
SMG 2860E → _____ → _____ → _____



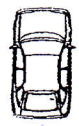
INSRS:
WSP: TEAMWORK
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SMG 2860E - NA/LIP19009136/z4;DOA: 23.05.2019 SHA 3376X NA/LIP19022514/z4; DOA: 21.12.2019 - CC3/AIG14013054/H1ya3q2; DOA: 09.07.2014	
18/02/2021	TILL DATE NO SURVEY OR REPLY FROM TP. CANCEL CASE MR YEW TO SIGN	
23/02/21	TO CANCEL, NO SURVEY.	

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:	
FINALIZATION	Date/Tim	Confirm with:	Confirm by:
Repair Cost:	S$	(days) Reduction: %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Call ☐
Final Liability:	%	Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost:	S$		
Loss of Rental (LOR):	S$	( )	
Loss of Use (LOU):	S$	($ x	
Loss of Income (LOI):	S$	($ x	
LOR only ☐ LOU only ☐	LOR + LOU ☐	LOR + L ly one]	
GIA/LTA Search	S$		
Medical:	S$		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$	dent)	2) Report Format:
Legal Cost	S$		3) Survey fee:
Total:	**S$**	**um S$:**	
FINAL PAYMENT	Date/Time:	rm 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:	