

INS. CASE OWNER:

MAY CHUA

CC4/FCI20000599/Kea3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

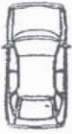
KENNETH

DOI: 09/01/2020

Date / Time : 09/01/2020

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SHD 4190S

Claim No. : D20000225MFSH

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Policy No. : D-20094922MFSH

Insured Tel No. : _____ HP: _____

Make / Model : HYUNDAI IONIQ

Excess Sec II :S\$

D.O.A : 06/01/2020 12:30

Place of Accident : ALONG CTE TOWARDS SLE

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

If NO, Driver Name / Age : LEE KAI HUAT

OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NO

Driver Tel No. : +65-96219985 (V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SGT 5033J

INSRS:
WSP: K KIM HIN
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SGT 5033J - X	SHD 4190S - X	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/Time: _____ Confirm with: _____ Confirm by: _____					
Repair Cost:	S\$	(days) Reduction: %	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:		
Legal Cost	S\$		3) Survey fee:		
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:			

899/1e

Келлетт

TOTAL
