15/5/2018

INS. CASE OWNER: RACHEL WU | CC4/FCI20001268/Uda3 | LKK: IDAC:

ASSIGNMENT

Surveyor: MARCUS DOI: 20/01/2020 Date / Time: 21/01/2020

Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. : SHA 1828Y Claim No. : D20000475MFSH X

Name of Insured : COMFORT TRANSPORTATION PTE LTD Policy No. : D-18088936MFSH

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

Excess Sec II :S$ D.O.A : 17/01/2020 10:10 Place of Accident : PASIR RIS BLK 417 DRIVE 6

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

If NO, Driver Name / Age : TAN YI SHENG(CHEN YISHENG) OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : +65-86608799 (V/L: YES / NO) Insured Liability : % Final ? Yes / No

SKS 3378K → ____ → ____ → ____

INSRS:
WSP: ASIA MOTORSPORTS
Tel : SOLUTION PTE LTD
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SKS 3378K SHA 1828Y NA/INC20001105/h4; DOA: 17/01/2020 - CS/FCI19000768/Jqd3e2; DOA:05/01/19

Reject Case
By (staff) :
Approved by :
Date :

Reject Case
By (staff) : JIA LE
Approved by : Yes
Date :

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$ 3,100.00 (4 days) Reduction: 66 % 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: $350
Total:	**S$** **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:	