

15/5/2010

INS. CASE OWNER:

CC 4/111 2000 1348 / ps3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

DOI:

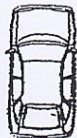
Date / Time:

22/11/2020

Registered in Merimen:

22/11/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 7925K

Claim No. :

Name of Insured : Comfort Transportation Pte Ltd

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II : \$\$

D.O.A : 14/1/2020

Place of Accident :

Is driver the owner? (YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

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

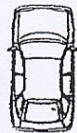
Driver Tel No. :

(V/L: YES / NO)

Insured Liability : %

Final ? Yes / No

SKN 9645B



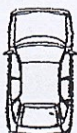
INSRS:

WSP: cheng Hoe

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SKN 9645B : X

SHA 7925K : CC4/111 (900 883) / 6pa 3g2 ; DOA : 28/1/18

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:

05/02/2020

TP REPORTED OLD HIT RH SIDE MIRROR.
OLD REPORTED NOT AWARE. REQUEST
EVIDENCE FROM TP 4 OI.

19/9/2020

Rec'd email from TP: TP claimant did
not send in vch to WSP. TP instructed
WSP to close.

24/9/2020

Email to TII: No survey done. Closed

21/9/2020

To cancel rsl as no survey done by Uck

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\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Legal Cost

S\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

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: