

INS. CASE OWNER:

CC3/FCI20001686/Kha3

ASSIGNMENT

Surveyor: KENNETH

DOI: 30/01/2020

Date / Time: 30/01/2020

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SHD 4866B

Claim No. : _____

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 25/01/2020

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

SHD 202T

INSRS:
WSP: TRANS-CAB
Tel : AUTO
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
SHD 202T - CC3/LCR18002570/Kja3q2; DOA: 05.02.18	Non-Reporting ltr (1st):	
- CC3/FCI15004059/Kqy3k3; DOA: 17.10.14	Non-Reporting ltr (2nd):	
SHD 4866B - X	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)	<input type="checkbox"/>
	After call ltr to OI:	<input checked="" type="checkbox"/>
	Authorisation To Act:	<input checked="" type="checkbox"/>
	Release Voucher:	<input checked="" type="checkbox"/>
	Final Repair Bill:	<input checked="" type="checkbox"/>
	Car Rental Invoice:	<input checked="" type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input checked="" type="checkbox"/>
	LOD	<input checked="" type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>
01/03/2021	SETTLED AND CLOSED / FILE IN DRAWER	
PRELIMINARY ADVICE Date/Time:	Sent By:	
FINALIZATION Date/Time:	Confirm with:	
Repair Cost: L/S	S\$ 30,650.00 (21 days) Reduction: 74.81 %	Confirm by: Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT Date/Time: 23/02/2021	Confirm with: WAI YIN	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :	
Repair Cost: (W/GST) S\$ 32,795.50	OI turning , TP going sraight	
Loss of Rental (LOR): S\$ 2,198.78 (29 days) x \$75.82		
Loss of Use (LOU): S\$ (\$ x days)		
Loss of Income (LOI): S\$ (\$ x days)		
LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]		
GIA/LTA Search S\$	1) Claim status: Normal/Reject/Private Settle	
Medical: S\$	2) Report Format: TP	
Disbursement: S\$ (e.g. Tow/ Independent)	3) Survey fee: \$600.00	
Legal Cost S\$		
Total: S\$ 34,994.28	Global Sum S\$: 34,900.00	
FINAL PAYMENT Date/Time:	Confirm with:	
Payee 1: S\$ 34,900.00	Email <input type="checkbox"/> Call <input type="checkbox"/>	
Payee 2: (Strike if N.A.) S\$	Name 1: TRANS-CAB AUTO SERVICES PTE LTD	
Payee 3: (Strike if N.A.) S\$	Name 2:	
	Name 3:	