

INS. CASE OWNER:

RACHEL WU

CC4/FCI20001816/ Kka3

LKK:

IDAC:

Surveyor:

*Kenneth*

DOI:

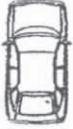
**ASSIGNMENT**

*3/2/2020*

Date / Time : 31/01/2020

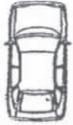
Registered in Merimen: \_\_\_\_\_

Pre-assign / CCU / FTE



Insured Vehicle No. : SHB 4138E Claim No. : D20000707MFSH  
 Name of Insured : COMFORT TRANSPORTATION PTE LTD Policy No. : D-20094922MFSH X  
 Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model : HYUNDAI I40  
 Excess Sec II :\$ D.O.A : 29/01/2020 13:50 Place of Accident : AYE(CITY) BF CLEMENTI AVE 2 EXIT  
 Is driver the owner? ( YES  NO  ) Nature of Accident : \_\_\_\_\_  
 If NO, Driver Name / Age : ROHINI B AMIN OI GIA REPORT  YES NO ; TP GIA REPORT:  YES NO  
 Driver Tel No. : +65-97730155 (V/L: YES / NO ) Insured Liability : % Final ? Yes / No

SMA 6196U



INSRS:  
WSP: ESTEEM PML  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time	STAGE	DATE / PIC
SMA 6196U - X	Non-Reporting ltr (1st):	
SHB 4138E - CS/FCI18006216/Ktbq2; DOA: 31.03.18	Non-Reporting ltr (2nd):	
- CC4/AXA17000695/M1wb3q2; DOA: 09.01.17	Non-Reporting ltr (Final):	
- CS/FCI17000862/Ggh3v2; DOA: 09.01.17	Notification ltr (if non-pickup):	
- CS3/FCI16019268/Gqh3s2; DOA: 18.09.16	Call OI:	
	After call ltr to OI:	
	<b>Documentation Check List:</b>	<b>Handler</b> <b>Typist</b>
	Notification ltr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
	LTA / GIA :	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
	PIR:	<input type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	LOD	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: \_\_\_\_\_ Sent By: \_\_\_\_\_

FINALIZATION Date/Time: \_\_\_\_\_ Confirm with: \_\_\_\_\_ Confirm by: \_\_\_\_\_  
 Repair Cost: P/P S\$ 1970.57 ( 3 days) Reduction: 2,335.89/54% Email  Call

FINAL SETTLEMENT Date/Time: 17/9/2020 Confirm with CARMEN Email  Call

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 15 If NO or B 28, Ass. Lia :

Repair Cost: (w/ GST) S\$ 2,108.51

Loss of Rental (LOR): S\$ ( days)

Loss of Use (LOU): S\$ 240.00 (\$ 80 x 3 days)

Loss of Income (LOI): S\$ (\$ x days)

LOR only  LOU only  LOR + LOU  LOR + LOI  [Tick only one]

GIA/LTA Search S\$ 7.48

Medical: S\$

Disbursement: S\$ (e.g. Tow/ Independent )

Legal Cost S\$

**Total:** S\$ 2,355.99 **Global Sum S\$:**

FINAL PAYMENT Date/Time: \_\_\_\_\_ Confirm with: \_\_\_\_\_ Email  Call

Payee 1: S\$ 2,355.99 Name 1: ESTEEM PERFORMANCE PTE LTD

Payee 2: (Strike if N.A.) S\$ Name 2:

Payee 3: (Strike if N.A.) S\$ Name 3:

- 1) Claim status: Normal/Reject/Private Settle
- 2) Report Format: TP
- 3) Survey fee: \$350

