

INS. CASE OWNER:

MAY CHUA

CC4/FCI20002107/Fda3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

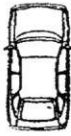
RAM

DOI: 05/02/2020

Date / Time : 05/02/2020

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SH 6500S

Claim No. : D20000800MFSH

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Policy No. : D-20094922MFSH

Insured Tel No. : _____ HP: _____
Excess Sec II : S\$ _____ D.O.A : 01/02/2020 17:00

Make / Model : HYUNDAI I40

Place of Accident : ANG MO KIO HUB TAXI STAND

Is driver the owner? (YES / ☒ NO) Nature of Accident : _____If NO, Driver Name / Age : BOI SECK KONG @BOEY SECK KONG OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NO

Driver Tel No. : +65-83522763

(V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SHB 6978D

INSRS: PREMIER
WSP: AUTOMOTIVE
Tel : SERVICES
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
SH6500S - CS3/FCI19010473/Gcd3s2; DOA: 11.06.19	Non-Reporting ltr (1st):	
- CS/FCI18019145/T1sd3n2; DOA: 12.10.18	Non-Reporting ltr (2nd):	
- CS/FCI17008983/T1vbf2; DOA: 05.05.17	Non-Reporting ltr (Final):	
SHB 6978D - NS/INC20001973/Ftd3; DOA : 01.02.2020	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 type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/>
	Car Rental Invoice:	<input 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 type="checkbox"/>
	LOD	<input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>

Reject Case
By (staff) : JIA LE
Approved by :
Date : 4-06-20

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____		Post-Repair Photos: <input type="checkbox"/>	Others: <input type="checkbox"/>
FINALIZATION Date/Time: _____ Confirm with: _____		Confirm by: _____	
Repair Cost: S\$ _____	(_____ days) Reduction: _____ %	Email <input type="checkbox"/>	Call <input type="checkbox"/>
FINAL SETTLEMENT Date/Time: _____ Confirm with: _____		Email <input type="checkbox"/>	Call <input type="checkbox"/>
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 <input 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 / Delay / Private Settlement	
Medical: S\$ _____		2) Report Format: WP	
Disbursement: S\$ _____	(e.g. Tow/ Independent)	3) Survey fee: 130 \$240	
Legal Cost: S\$ _____			
Total: S\$ _____	Global Sum S\$: _____		
FINAL PAYMENT Date/Time: _____ Confirm with: _____		Email <input type="checkbox"/>	Call <input type="checkbox"/>
Payee 1: S\$ _____	Name 1: _____		
Payee 2: (Strike if N.A.) S\$ _____	Name 2: _____		
Payee 3: (Strike if N.A.) S\$ _____	Name 3: _____		