1/5/2010

INS. CASE OWNER: CC6 / III 2000 2382 / Aps3

LKK:

IDAC:

ASSIGNMENT

Surveyor: Adrian DOI: 19/2/2020 Date / Time : 11/2/2020

Registered in Merimen: 11/2/2020

Pre-assign / CCU / FTE

Insured Vehicle No. : SHD 3213S Claim No. :

Name of Insured : Comfort Transportation Pte Ltd Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 19/1/2020 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**

SJD 7337T →

INSRS:
WSP: Cas Garage
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SJD7337T : CC6/AIG1102564I/Asg24 ; DOA : 9/12/11
	SHD3213S : CC3/AIG1201669O/HHCHF2Y ; DOA : 19/8/12
16/3/2021	— TP ✓ video.
	— OI video
24/3/2021	— III ✓ to reject TP claim.
24/3/2021	— Email to TP : Reject claim

Reject Case
By (staff) : Hsiao Tong
Approved by :
Date : 21-09-20

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: L/S S$ 2900.00 (4 days) Reduction: 39 % 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: TP
Legal Cost	S$		3) Survey fee: $ 250.00
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:	