

INS. CASE OWNER:

CC6 / III 2000 2382 / Apr 3

Surveyor:

Adrian

DOI:

ASSIGNMENT

19/2/2020

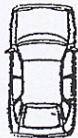
Date / Time:

11/2/2020

Registered in Merimen:

11/2/2020

Pre-assign / CCU / FTE



Insured Vehicle No.:

SHD 32135

Claim No.:

Name of Insured:

Comfort Transportation Pte Ltd

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :SS

D.O.A.:

19/1/2020

Place of Accident:

Is driver the owner?

(YES / (NO))

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

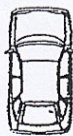
(V/L: (YES) / NO)

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

Insured Liability: %

Final ? Yes / No

SJD 7337T



INSRS:

WSP:

Tel:

Liability:

RMKS:

Cas Garage



INSRS:

WSP:

Tel:

Liability:

RMKS:



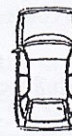
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

SJD7337T: CC6/AIG 11025641/Asa 24: DOA: 9/12/11  
SHD 32135: CC3/AIG 12016690/14/1/12/24; DOA: 19/1/12

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:

16/3/2020 - TP ✓ video.  
OI video

24/3/2020 - III ✓ to reject TP claim.

24/3/2021 - Email to TP: Reject claim

Reject Case

By (staff) : Hsiao Tong

Approved by : [Signature]

Date : 21-09-20

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

45

S\$

2000.00

( 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\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Legal Cost

S\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

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: