

INS. CASE OWNER: JOANNE YONG

CC4/FCI20002399/ ~~E~~ ha3 Eba3q2

LKK:

IDAC:

ASSIGNMENT

Surveyor:

DOI:

Date / Time : 10/02/2020

Registered in Merimen: =

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 1007P
 Name of Insured : COMFORT TRANSPORTATION PTE LTD

Claim No. : D20000895MFSH

Policy No. : D-20094922MFSH

Make / Model : HYUNDAI I40

Place of Accident : TELOK BLANGAH ST 32

Insured Tel No. : HP: D.O.A : 20/01/2020 21:30

Excess Sec II : S\$

Is driver the owner? (YES / ☒ NO) Nature of Accident :

If NO, Driver Name / Age : CHUA CHEW HO

Driver Tel No. : +65-96339449 (V/L: YES / NO)

OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NO

Insured Liability : % Final ? Yes / No

SKQ 9919X



INSRS:
WSP: CHARN'S
Tel: CUSTOMCRAFT
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time	SKQ 9919X - X	SHC 1007P - X	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)	<input type="checkbox"/> <input type="checkbox"/>
			After call ltr to OI:	<input checked="" 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 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 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"/>

29/10/2020 SETTLED AND CLOSED / FILE IN DRAWER

PRELIMINARY ADVICE		Date/Time:	Sent By:	Confirm with:	Confirm by:
FINALIZATION		Date/Time:	Confirm with:	Confirm by:	Email <input type="checkbox"/> Call <input type="checkbox"/>
Repair Cost:	P/P	S\$ 1,472.00	(3 days) Reduction: 6.95 %	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
FINAL SETTLEMENT		Date/Time: 09/10/2020	Confirm with RINA CHUA	If NO or B 28, Ass. Lia :	
Final Liability:	%	100	(Agreed / Assessed) BOLA S/N No. : NIL	OID overtaking turning TP vehicle on a one way single lane.	
Repair Cost: (W/GST)	S\$	1,575.04	(days)		
Loss of Rental (LOR):	S\$	(\$ 60 x 3 days)			
Loss of Use (LOU):	S\$	(\$ x days)			
Loss of Income (LOI):	S\$	(\$ x days)			
LOR only <input type="checkbox"/> LOU only <input checked="" 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\$	(e.g. Tow/ Independent)		2) Report Format: TP	
Disbursement:	S\$			3) Survey fee: \$350.00	
Legal Cost	S\$				
Total:	S\$	1,755.04	Global Sum S\$: 1,750.00	Email <input type="checkbox"/> Call <input type="checkbox"/>	
FINAL PAYMENT		Date/Time:	Confirm with:		
Payee 1:	S\$	1,750.00	Name 1: CHARN'S CUSTOMCRAFT		
Payee 2: (Strike if N.A.)	S\$		Name 2:		
Payee 3: (Strike if N.A.)	S\$		Name 3:		