15/5/2010

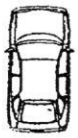
INS. CASE OWNER: Jason | CC4/FCI20002555/ da3 | LKK: IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 12/02/2020

Registered in Merimen: —

Pre-assign / CCU / FTE X



Insured Vehicle No. : SHA 1279G | Claim No. : D20000950MFSH

Name of Insured : COMFORT TRANSPORTATION PTE LTD | Policy No. : D-18088936MFSH

Insured Tel No. : _____ HP: _____ | Make / Model : HYUNDAI I40

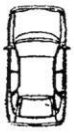
Excess Sec II :S$ _____ D.O.A : 08/02/2020 18:05 | Place of Accident : BLK 72 BAYSHORE ROAD

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

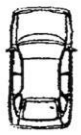
If **NO**, Driver Name / Age : NG SEON POH | OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : +65-98350675 (V/L: YES / NO) | Insured Liability : % **Final ? Yes / No**

SGL 7978L → _____ → _____ → _____

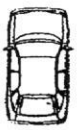


INSRS:
WSP: HOCK WAH MOTOR WORKSHOP
Tel :
Liability
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SGL 7978L - NA/AIG19004814/Y ; DOA : 15.3.19
	- NA/INC19004772/r3 ; DOA : 15.3.19
	SHA 1279G NS/INC20002314/T1vf3 ; DOA : 08.02.2020
	- CC4/FCI19022033/Aha3; DOA: 06.12.19
	CS/FCI19017123/R1sf3s2 ; DOA : 23.9.19
	CS3/FCI15002167/Uqbk3 ; DOA : 25.01.15
01/09/20	TO CANCEL, NO SURVEY DONE.

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: S$ (days) Reduction: % 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:
Legal Cost	S$		3) Survey fee:
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:	