15/5/2010

INS. CASE OWNER: RACHEL WU | CC4/FCI20002776/ ea3 | LKK: IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 17/02/2020

Registered in Merimen: —

Pre-assign / CCU / FTE

X

Insured Vehicle No. : SHA 5318B

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Insured Tel No. : _____ HP: _____

Excess Sec II :S$ _____ D.O.A : 08/02/2020 19:35

Is driver the owner? (YES / NO)

If NO, Driver Name / Age : LIM POH KWEE

Driver Tel No. : (V/L: YES / NO)

Claim No. : D20000937MFSH

Policy No. : D-20094922MFSH

Make / Model : HYUNDAI I40

Place of Accident : GHIM MOH ROAD TWDS COMMONWEALTH ~~AVE WEST~~

Nature of Accident : _____

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

Insured Liability : % **Final ? Yes / No**

SJC 7884K → _____ → _____ → _____

INSRS:
WSP: TEAMWORK
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHA 5318B - CC3/AIG15011847/H1wa3q2; DOA: 11.7.15 CC3/CTI17014069/K1wb3n2 ; DOA : 19.7.17 CS/FCI14022135/Ugbd1 ; DOA: 3.11.14 SJC 7884K NA/INC14021189/Y ; DOA : 3.11.14 NA/INC20002398/z4 ; DOA : 7.2.2020
	DOA DIFF. TP - 07/02/2020 ; OI - 08/02/2020
	Instructions To Surveyor WITHOUT PREJUDICE: LIABILITY UNCLEAR:
21/09/20	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$			
Disbursement:	S$	(e.g. Tow/ Independent)		1) Claim status: Normal/Reject/Private Settle
Legal Cost	S$			2) Report Format:
Total:	**S$**	**Global Sum S$:**		3) Survey fee:
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:		