

INS. CASE OWNER:

KAREN TAN

CC4/FCI20002892/ Kba3

LKK:

IDAC:

Surveyor:

Kerneth

DOI:

ASSIGNMENT

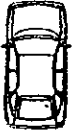
7/3/2020

Date/Time: 18/02/2020

Registered in Merimen:

X

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 1786J

Claim No. : D20000167MFSH

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Policy No. : D-20094922MFSH

Insured Tel No. : HP:

Make / Model : MERCEDES-BENZ E220

Excess Sec II : \$

D.O.A : 04/01/2020 17:00

Place of Accident : ROCHESTER MALL DROP OFF POINT

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

If NO, Driver Name / Age : CHIN ROBERT

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

Driver Tel No. : +65-96996682

(V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SLG 2992U

INSRS:
WSP: ESTEEM
Tel: PERFORMANCE
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/Time		STAGE	DATE / PIC
	SLG 2992U - X	Non-Reporting ltr (1st):	
	SHA 1786J - CS/FCI18021970/Ktbe2; DOA: 30.11.18	Non-Reporting ltr (2nd):	
	- FCI APPROVED DO	Non-Reporting ltr (Final):	
06/02/2020	- MIB REVIEWED. OLD REPORTED.	Notification ltr (if non-pickup):	
	- TYPE REPORT WHILE PENDING TP LOD	Call OI:	
	- REPORT DONE	After call ltr to OI:	
	- FINALIZED	Documentation Check List: Handler Typist	
23/02/2020	- TP LOD IN BY EMAIL FROM FCI	Notification ltr (if non-pickup)	☐
	- SEEK MANDATE APPROVAL TO FCI	After call ltr to OI:	☐
25/02/2020	- FCI APPROVED MANDATE	Authorisation To Act:	☒
	- SEND 1ST OFFER TO TP	Release Voucher:	☒
	- TP ACCEPTED OFFER @ LOR 1 DAY.	Final Repair Bill:	☒
		Car Rental Invoice:	☒
		Towing Invoice:	☐
06/10/2020	called & deal (file in done).	LTA/GIA:	☒
		Medical Bill:	☐
		PIR:	☐
		Mandate/Reject Instruction:	☒
		LOD	☒
		Payment Breakdown Form:	☐
		Post-Repair Photos:	☐
		Others:	☐

PRELIMINARY ADVICE Date/Time: 03/03/2020 Sent By: 93

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: P/LP \$S 220.00 (1 days) Reduction: 90 %			Email ☐ Call ☐
FINAL SETTLEMENT Date/Time: 06/10/2020 Confirm with: CATION			Email ☒ Call ☐
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : NIL			If NO or B 28, Ass. Lia :
Repair Cost: (w/GRAT) \$S 235.40			COID REVERSING)
Loss of Rental (LOR): \$S 69.95 (1 days) X \$69.95 (GRAB)			ESTIMATE SHOW \$10K
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 7.49			
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: \$350.00
Total: \$S 312.84 Global Sum \$S: -			
FINAL PAYMENT Date/Time: Confirm with:			Email ☐ Call ☐
Payee 1: \$S 312.84 Name 1: ESTEEM PERFORMANCE PTE LTD			
Payee 2: (Strike if N.A.) \$S - Name 2: -			
Payee 3: (Strike if N.A.) \$S - Name 3: -			