

INS. CASE OWNER:

KAREN TAN

CC4/FCI20003357/Aha3

LKK:

IDAC:

Surveyor:

ADRIAN

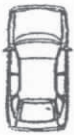
DOI:

ASSIGNMENT
28/02/2020

Date / Time : 28/02/2020

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : SHC 8906Z
Name of Insured : COMFORT TRANSPORTATION PTE LTD

Claim No. : _____

Insured Tel No. : _____ HP: _____
Excess Sec II : S\$ _____ D.O.A : 26/02/2020 13:30

Policy No. : _____

Make / Model : _____

Place of Accident : CHUA CHU KANG DRIVE

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

If NO, Driver Name / Age : _____

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

Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SLW 4061J

INSRS: N-51
WSP: AUTOMOTIVE
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
SLW 4061J - X	Non-Reporting ltr (1st):	
SHC 8906Z - CC3/AIC09026959/Cwn ; 27/11/2009	Non-Reporting ltr (2nd):	
CC3/AIG11003984/Djb3q2 ; 24/02/2011	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:	
PRELIMINARY ADVICE Date/Time:	Post-Repair Photos:	
Sent By:	Others:	
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)		
Legal Cost S\$		
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:		

