13/5/2010

INS. CASE OWNER: Sherini Pillai | CC4/III20003438/T1ga3 | LKK: IDAC:

ASSIGNMENT

Surveyor: TAUFIKH DOI: 02/03/2020 Date / Time : 02/03/2020

Registered in Merimen: 02/03/2020

Pre-assign / CCU / FTE

Insured Vehicle No. : SHA 4432K Claim No. :

Name of Insured : COMFORT TRANSPORTATION PTE LTD Policy No. : MCOM0015

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

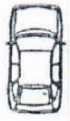
Excess Sec II :S$ D.O.A : 27/02/2020 05:15 Place of Accident : WOODLANDS AVE 6

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

If NO, Driver Name / Age : TAN YONG PENG OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : +65-91866161 (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SHB 5112Y → → →



INSRS:
WSP: SMRT, WL
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SHB 5112Y - CC3/AIG08007331/T1tn ; 18/02/2008 CC3/AIG19002633/Jha3q2 ; 08/02/2019 CC3/AXA13022356/R1v1y3q2 ; 23/11/13 NS/INC11025521/R1ftm ; 11/12/2011 SHA 4432K - CC4/AXA15010568/M1pq3s2; 24.6.15	
22/4	REJECTION - TP ENCORACH INTO OI LANE MR YEW TO CHOP AND SIGN	

Reject Case
By (staff) : CECILIA
Approved by : Yew
Date : 22/04/20

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: TAUFIKH

Repair Cost: P/P S$ 1666.94 (1 days) Reduction: 379.57 % 18 Email ☐ Call ☐

FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Call ☐
Final Liability:	% 0	(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: REJECT
Legal Cost	S$		3) Survey fee: $250.00
Total:	S$	**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:	