INS. CASE OWNER:	**CC6/FCI20003595/Uda3**	LKK:
		IDAC:

ASSIGNMENT

Surveyor:	**MARCUS**	DOI: **05/03/2020**	Date / Time :	**05/03/2020**
			Registered in Merimen:	—

Pre-assign / CCU / FTE

Insured Vehicle No.	:	**SHC 3680G**	Claim No.	:
Name of Insured	:	COMFORT TRANSPORTATION PTE LTD	Policy No.	:
Insured Tel No.	:	HP:	Make / Model :	Hyundai Ioniq
Excess Sec II :S$		D.O.A : **03/03/2020 22:00**	Place of Accident :	Sims Ave towards Eunos B4 Lor 15

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

If **NO**, Driver Name / Age : Lee Cheng Tang   OI GIA REPORT: (YES) / NO ; TP GIA REPORT:(YES) / NO

Driver Tel No. : 9666 9770   (V/L:(YES) NO)   Insured Liability : % **Final ? Yes / No**

SKN 628K →

INSRS: WSP: **FASTECH** Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	SHC 3680G - CC3/AXA12001850/H1edq2 ; 20/01/12	STAGE	DATE / PIC
	CC3/CAI08016677/Cc ; 04/06/2008	Non-Reporting ltr (1st):	
	CS/FCI10020962/Kqn ; 19/10/2010	Non-Reporting ltr (2nd):	
	SKN 628K - NA/INC16021580/k4 ; 11.10.2016	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)	☐ ☐
	Reject Case by (staff) : JIA LE Approved by : Tw Date 05/08/20	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:		Sent By:	Post-Repair Photos:	☐ ☐
			Others:	☐ ☐

FINALIZATION	Date/Time:	Confirm with:	Confirm by:	
Repair Cost:	S$ 10,000.00 (3 days) Reduction: 71 %		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: WP	
Legal Cost	S$		3) Survey fee: $580 (Agreed by OSP)	
Total:	S$ 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:		