

INS. CASE OWNER:

ASSIGNMENT

Surveyor:

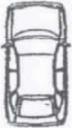
ADRIAN

DOI: 10/03/2020

Date / Time: 10/03/2020

Registered in Merimen: 10/03/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 3715R
 Name of Insured : COMFORT TRANSPORTATION PTE LTD
 Insured Tel No. : _____ HP: _____
 Excess Sec II :S\$ _____ D.O.A : 09/03/2020 07:30
 Is driver the owner? (YES / NO) Nature of Accident : _____

Claim No. : _____
 Policy No. : _____
 Make / Model : _____
 Place of Accident : WOODLEIGH ROAD

Cx

If NO, Driver Name / Age : _____
 Driver Tel No. : _____

(V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
 Insured Liability : % Final ? Yes / No

SMD 7674J



INSRS:
WSP: FONG
Tel: MOTORS
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
	SMD 7674J - X	
	SHC 3715R - CC3/AIG12001214/H1sg2j2 ; 15/01/2012	
	CC3/TM15013902/H1gbq2 ; 16/08/2015	
22/07/2020	Pls refer to VIEWS for details.	
	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)	<input type="checkbox"/> <input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
	PIR:	<input type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
	LOD	<input type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____
 Repair Cost: L/sum S\$ 5,100.00 (6 days) Reduction: 51 % Email Call

FINAL SETTLEMENT Date/Time: 22/07/2020 Confirm with: Siew Cheng Email Call

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 5 If NO or B 28, Ass. Lia :

Repair Cost: S\$ 5,100.00

Loss of Rental (LOR): S\$ 800.00 (8 days) x \$100.00

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\$ 7.45

Medical: S\$

Disbursement: S\$ (e.g. Tow/ Independent)

Legal Cost S\$

Total: S\$ 5,907.45 **Global Sum S\$:**

FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email Call

Payee 1: S\$ 5,907.45 Name 1: **Fong Motors**

Payee 2: (Strike if N.A.) S\$ Name 2: _____

Payee 3: (Strike if N.A.) S\$ Name 3: _____

- 1) Claim status: Normal/TP/TP + Private Settles
- 2) Report Format: **TP**
- 3) Survey fee: **\$500.00**