

INS. CASE OWNER: **JASON TEA**

CC4/FCI20003819/Aea3

LKK:

IDAC:

ASSIGNMENT

Surveyor: **ADRIAN**

DOI: **10/03/2020**

Date / Time : **10/03/2020**

Registered in Merimen: **---**

Pre-assign / CCU / FTE



Insured Vehicle No. : **SHB 4429R**
 Name of Insured : **COMFORT TRANSPORTATION PTE LTD**
 Insured Tel No. : _____ HP: _____
 Excess Sec II :\$ D.O.A : **06/03/2020 19:30**
 Is driver the owner? (YES / NO) Nature of Accident :

Claim No. : **D20001369MFSH** X
 Policy No. : **D-20094922MFSH**
 Make / Model : **HYUNDAI I40**
 Place of Accident : **ALONG PIE TOWARDS ADAM RD**

If NO, Driver Name / Age : **LEBIN BIN ABU**
 Driver Tel No. : **+65-91649103** (V/L: YES / NO)

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

SLD 1454D



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



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
SLD 1454D - X	Non-Reporting ltr (1st):	
SHB 4429R - CC3/AIG10016458/Dn1k2 ; 17/08/2010	Non-Reporting ltr (2nd):	
CC3/QBE17017234/K1zb3n2 ; 03/09/2017	Non-Reporting ltr (Final):	
CS/EQ112018354/H1qn ; 19/09/2012	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: S\$ _____ (_____ days) Reduction: _____ % Email <input type="checkbox"/> Call <input type="checkbox"/>		
FINAL SETTLEMENT Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Call <input type="checkbox"/>		
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 <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [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 <input type="checkbox"/> Call <input type="checkbox"/>		
Payee 1: S\$ _____ Name 1: _____		
Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____		
Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____		

