

INS. CASE OWNER:

CC4/III20004199/Uga3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

MARCUS

DOI:

18/3/2020

Date / Time : 17/03/2020

Registered in Merimen: 18/03/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 3875Y

Name of Insured : comfort transportation Pte Ltd

Insured Tel No. : HP:

Excess Sec II : S\$

D.O.A : 16/03/2020

Is driver the owner? (YES / NO)

Nature of Accident :

If NO, Driver Name / Age : Wong Kam fatt

Driver Tel No. :

(V/L: YES / NO)

Claim No. :

Policy No. :

Make / Model : Hyundai I40

Place of Accident : BIK 490A rampines st 45 open space carpark

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

Insured Liability : % Final ? Yes / No

SJK 8420S

INSRS:
WSP: ZOOM
Tel: AUTOWERKS
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time	STAGE	DATE / PIC
	SJK 8420S - CC4/AIG11020733/M1a2a3k2 09/10/2011	
	SHA 3875Y - CC3/AIG14018330/H1ky3w2 24/09/2014	
	CS/SOM09009331/Cbg1 28/04/2009	
	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	
16/10/2020	REJECTION EMAIL SEND TP ON 09/09/2020. OI KEEPING ON LANE TP OVEERTAKE OI ON THE RIGHT ON A SINGLE LANE ROAD. MR YEW TO CHOP AND SIGN.	
	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:	

Reject Case

By (staff) :

Approved by :

Date :

16/10/20

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: L/S S\$ 4900.00 (5 days) Reduction: 13,670.24 % 73

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\$

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: