15/5/2010

INS. CASE OWNER: CC4/III20004199/Uga3

LKK:

IDAC:

ASSIGNMENT

Surveyor: Marcus DOI: 18/6/2020 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 See 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 140

Place of Accident : BIK 490A Tampines 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 AUTOWERKS
Tel :
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	Non-Reporting ltr (1st):	
	SHA 3875Y - CC3/AIG14018330/H1ky3w2 24/09/2014 CS/SOM09009331/Cbg1 28/04/2009	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$		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$	(e.g. Tow/ Independent)	2) Report Format: REJECT
Legal Cost	S$		3) Survey fee: $450.00
Total:	**S$**	**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:	