

INS. CASE OWNER: Rachel

CC 4/FCI 2000 4660 / T1ps3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

Taufik

DOI:

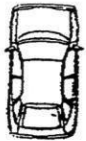
31/3/2020

Date / Time:

23/3/2020

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SHC 8188 D

Claim No.:

Name of Insured:

COMFORT TRANSPORTATION PTE LTD

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II : S\$

D.O.A: 20/3/2020

Place of Accident:

Is driver the owner?

(YES / ☒ NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

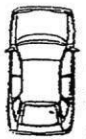
(V/L: ☒ YES / NO)OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NO

Insured Liability:

%

Final ? Yes / No

SLW 7119H

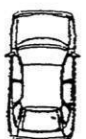


INSRS:

WSP: Charn's
Tel: Customcraft

Liability:

RMKS:



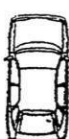
INSRS:

WSP:

Tel:

Liability:

RMKS:



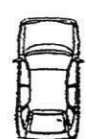
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

SLW 7119H : x

SHC8188D : CC3 / CTI 19003563 / K12932; DOA: 25/3/19

STAGE

DATE / PIC

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)

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:

30/07/2020

Pls refer to VIEWS for details.

PRELIMINARY ADVICE		Date/Time:	Sent By:		Confirm with:	Confirm by:
Repair Cost: P/P	S\$ 4,198.50	(4 days)	Reduction: 17 %	Email <input type="checkbox"/>	Call <input type="checkbox"/>	
FINAL SETTLEMENT		Date/Time: 30/07/2020	Confirm with Sharon		Email <input checked="" type="checkbox"/>	Call <input type="checkbox"/>
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 27		If NO or B 28, Ass. Lia :		
Repair Cost: w/GST	S\$ 4,492.40					
Loss of Rental (LOR):	S\$	(days)				
Loss of Use (LOU):	S\$ 360.00	(\$ 90 x 4 days)				
Loss of Income (LOI):	S\$	(\$ x days)				
LOR only <input type="checkbox"/>	LOU only <input checked="" 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)		1) Claim status: Normal/ Reject/ Private Settle		
Legal Cost	S\$			2) Report Format: TP		
Total:	S\$ 4,852.40	Global Sum S\$:		3) Survey fee: \$350.00		
FINAL PAYMENT		Date/Time:	Confirm with:		Email <input checked="" type="checkbox"/>	Call <input type="checkbox"/>
Payee 1:	S\$ 4,850.00	Name 1: Charn's Customcraft				
Payee 2: (Strike if N.A.)	S\$	Name 2:				
Payee 3: (Strike if N.A.)	S\$	Name 3:				