

INS. CASE OWNER:

**ASSIGNMENT**Surveyor: **KENNETH**

DOI: 31/03/2020

Date / Time: 31/03/2020

Registered in Merimen:           

Pre-assign / CCU / FTE



Insured Vehicle No. : SH 8037X

Claim No. :                     

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Policy No. :                     Insured Tel No. :                      HP:                     Make / Model :                     Excess Sec II : S\$                      D.O.A : 29/03/2020 21:50

Place of Accident : JALAN BESAR &gt; DESKER ROAD

Is driver the owner? ( YES / NO ) Nature of Accident :                     If NO, Driver Name / Age :                     

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

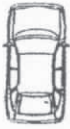
Driver Tel No. :                     

(V/L: YES / NO )

Insured Liability :            %

Final ? Yes / No

SHF 518Y

INSRS:  
WSP: TRANS-CAB  
Tel: AUTO  
Liability :  
RMKS:INSRS:  
WSP:  
Tel:  
Liability :  
RMKS:INSRS:  
WSP:  
Tel:  
Liability :  
RMKS:INSRS:  
WSP:  
Tel:  
Liability :  
RMKS:

Date/ Time	SHF 518Y - CC3/AXA14023438/Kwy3u2 ; 13/12/2014 CC3/FCI15014971/Kvbc2 ; 02/06/2015 CC3/FCI16011513/Kvbc2 ; 20/06/2016 CC3/III18020714/Kea3q2 ; 07/11/2018	STAGE	DATE / PIC
	SH 8037X - X	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
20/07/2020	FCI INSTRUCT WP, IV NOT FULLY AT FAULT. SUBMIT WP.	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"/>
<b>PRELIMINARY ADVICE</b> Date/Time: <u>                    </u> Sent By: <u>                    </u>			
<b>FINALIZATION</b> Date/Time: <u>                    </u> Confirm with: <u>                    </u> Confirm by: <u>                    </u>			
Repair Cost:	L/S S\$ 3700.00 ( 3 days) Reduction: 44,031.29 % 92	Email <input type="checkbox"/>	Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b> Date/Time: <u>                    </u> Confirm with: <u>                    </u> 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)	OI OVERTAOK TPV	
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\$	1) Claim status: Normal/Reject/Private Settle	
Disbursement:	S\$ (e.g. Tow/ Independent )	2) Report Format: WP	
Legal Cost	S\$	3) Survey fee: \$350.00	
Total:	S\$ Global Sum S\$:		
<b>FINAL PAYMENT</b> Date/Time: <u>                    </u> Confirm with: <u>                    </u> 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:	

