15/5/2010					LKK:	
INS. CASE OWNER: MAY CHUA		CC4/FCI20005203/Kga		a3	IDAC:	
		ASSIGN	JMENT			
	KENNETH	DOI: 14/04/2020		11	/04/2020	
Surveyor:	KENNETH DOI: 14/04/2020			Date / Time : 14/04/2020		
				Registered in Merim	nen:	
Pre-assign / CCU)/FTE					
Insured Vehicle No. : SHA 4420U Claim No.			: D2000185	1MFSH		
Name of Insured : COMFORT TRANSPORTATION PTE LTD Policy No.			D-20094922MFSH			
Name of insured : Ookil Okt Handi Okta Tolk File LID Policy No.			: <u>D-2009492</u>	ZIVII OI I		
Insured Tel No. : HP: Make / Model			:			
Excess Sec II :S\$	5	D.O.A: 09/04/2020	Place of Accid	ent:		
Is driver the owne		Nature of Accident :		<u></u>		
		ruture of recident.	OV GV. PERO	DE VEG (NO. ED)	OVA DEDODE VEG AVO	
If NO, Driver Name / Age:				ORT: YES / NO ; TP GIA REPORT: YES / NO		
Driver Tel	No. :	(V/L: YES / NO)	Insured Liabili	ty: % I	Final? Yes / No	
SMQ 3417T					→	
			-		· ———	
INSRS:	INSRS:		INSRS:		INSRS:	
WSP: CITY A	m/r		WSP:		WSP:	
Tel : Liability :	Tel : Liabilit	H H	Tel:	HH	Tel:	
V! 18/1	1\# -\#	11/1-11/1	Liability:		Liability:	
RMKS:	RMKS:		RMKS:		RMKS:	
Date/ Time						
	SMQ 3417T - X			STAGE DATE / PIC		
	0114 440011 000/41040004400/10140 4 05/44/0040			Non-Reporting ltr (1st		
	SHA 4420U - CC3/AIG10024160/Djk2g1 25/11/2010			Non-Reporting ltr (2nd): Non-Reporting ltr (Final):		
	CC3/AIG11002034/H1ja3e3 27/01/2011 CS/FCI18012039/T1td3e2 29/06/2018			Notification ltr (if non-pickup):		
	NA/INC18020736/h4 15/11/2018			Call OI:		
	10/11/2010			After call ltr to OI:		
				Documentation Chec	ck List: Handler Typist	
3/08/2020	TP PASS CASE TO LAWYER, SUBMIT WP, ADMIN TO CLOSE					
0/00/2020				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 Inst	ruction:	
	_			LOD		
				Payment Breakdown	n Form:	
RELIMINARY ADVICE	Date/Time:	Sent By:		Post-Repair Photos:		
DIALIZATION	D . /m:	C		Others:		
INALIZATION P/D	Date/Time:	Confirm with:	or 10	Confirm by:	rr Con	
epair Cost: p/p	S\$ 4580.96 (5	day 5) 1 ted de de men 4404.02	% 49		Email Call L	
NAL SETTLEMENT	Date/Time:	Confirm with		Email Call		
nal Liability:		Assessed) BOLA S/N No. :		If NO or B 28, Ass.	Lia :	
epair Cost:	S\$	1 \				
oss of Rental (LOR):	S\$ (days)				
oss of Use (LOU):	S\$ (\$ x	days)				
oss of Income (LOI):	S\$ (\$ x	days)				

LOR only

Medical:

Legal Cost

Total:

Payee 1:

GIA/LTA Search

FINAL PAYMENT

Payee 2: (Strike if N.A.)

Payee 3: (Strike if N.A.)

Disbursement:

LOU only

S\$

S\$

S\$

S\$

S\$

S\$

S\$

S\$

Date/Time:

LOR + LOU

LOR + LOI

Global Sum S\$:

Confirm with:

Name 1: Name 2:

Name 3:

[Tick only one]

(e.g. Tow/ Independent)

1) Claim status: Normal/Reject/Private Settle

\$349.00

2) Report Format: WP

Call

3) Survey fee:

Email