15/5/2010

INS. CASE OWNER:

CC3/FCI20005508/Kga3

LKK:

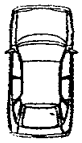
IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 30/04/2020 Date / Time : 30/04/2020

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SHB 4327B Claim No. : D20002034MFSH

Name of Insured : COMFORT TRANSPORTATION PTE LTD Policy No. : D-18088936MFSH

Insured Tel No. : HP: Make / Model : HYUNDAI IONIQ

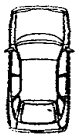
Excess Sec II :S$ D.O.A : 29/04/2020 Place of Accident : ANG MO KIO AVE 6 X AMK AVE 8

Is driver the owner? (YES / NO) Nature of Accident :

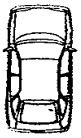
If **NO**, Driver Name / Age : WONG KAM KIAT OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : 97360205 (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

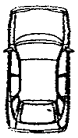
SHC 5607G → → →



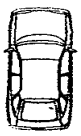
INSRS:
WSP: TRANS CAB
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SHC 5607G - X	
	SHB 4327B - CS/FCI18015215/Dqd3n2	18/08/2018
	CS/HSB09005169/Ybq	05/03/2009
	NA/INC11005400/j1	23/03/2011
	NA/INC12002188/e1	02/02/2012
	NA/LIP09018053/w1	14/08/2009
	NS/INC11005503/H1qg1	23/03/2011
	NS/INC12002343/H1qn	02/02/2012
	NS/INC16002099/H1vbn2	27/01/2016
	CC3/AIG13012977/M1h2a3w2	15/07/2013
	CC3/CTI18012194/T1ub3q2	29/06/2018

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:		

PRELIMINARY ADVICE	Date/Time:		Sent By:	
FINALIZATION	Date/Time:		Confirm with:	Confirm by:
Repair Cost:	S$	(days)	Reduction: %	Email Call
FINAL SETTLEMENT	Date/Time:		Confirm with	Email Call
Final Liability:	%	(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:
Legal Cost	S$			3) Survey fee:
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:	