15/5/2010				LKK:			
INS. CASE OWNER	I∩ANNEY	CC4/FCI20	005703/ka3	IDAC:			
ASSIGNMENT							
12/05/2020							
Surveyor:	Surveyor: DOI:				Date / Time : 13/05/2020		
			Register	Registered in Merimen:			
Pre-assign / CCU / FTE							
Insured Vehicle No. : SH 9287M Claim No. : D20002100MFSH							
model venice ve			<u> </u>				
Name of Insured : COMFORT TRANSPORTATION PTE LTD Policy No.			D Policy No. : D	)-20094922MFS	5H		
Insured Tel No. : HP: Make / Model			Make / Model : H	: HYUNDAI 140			
	Excess Sec II :S\$ D.O.A: 09/05/2020 Place of Accidental Distriction of the Place of Accidental Distriction of the Place of Accidental Place of Accidental Distriction of the Place of Accidental Place of Acci			BUKIT PANJANG ROAD			
Is driver the owner? (YES / NO) Nature of Accident:							
	If NO, Driver Name / Age: MISBARI B MEDAN OI GIA REPORT: YES / NO; TP GIA REPORT: YES / NO						
Driver Tel No.: 94553046 (V/L: YE) / NO ) Insured Liability:				% Final?	Yes / No		
SLC 586T							
<u>3LC 3001</u>	$ \longrightarrow$ $-$				<del></del>		
INSRS:	INSRS:		INSRS:	ins	SRS:		
INSRS: MY CAF	WSP:		WSP:	WS			
Tel: CONSU	Tel:	<b>1</b> -4	Tel:	Tel	:		
Liability:	Liabilit Liabilit	y:	Liability:	Lia	bility:		
RMKS:	RMKS:		RMKS:	RM	MKS:		
Date/ Time							
	SLC 586T - X		STAGE		DATE / PIC		
-	OLO 3001 - X			orting ltr (1st):	DATE/TIC		
	SH 9287M - NS/INC17002464/H1vbn2 06/02/2017			Non-Reporting ltr (2nd):			
	CS/FCI1	9017935/Utf3n2 08/10/20	19 Non-Rep	orting ltr (Final):			
				ion ltr (if non-pickup):			
			Call OI:				
			After cal	l ltr to OI:			
			Docume	ntation Check List:	Handler Typist		
				Notification ltr (if non-pickup)			
			After cal	l ltr to OI:			
			Authorisa	ation To Act:			
			Release V	Voucher:			
			Final Rep	oair Bill:			
			Car Rent	al Invoice:			
			Towing I				
			LTA / GI				
			Medical				
-			PIR:				
-				e/Reject Instruction:			
			LOD	*Reject instruction.			
				t Breakdown Form:			
PRELIMINARY ADVICE	Date/Time:	Sent By:		pair Photos:			
	Dutte, Time.	Sem 2y.	Others:	Jan 1 notos.			
FINALIZATION	Date/Time:	Confirm with:	Confirm	n by:			
Repair Cost:	S\$ (	days) Reduction:	%	Email	Call		
FINAL SETTLEMENT	Date/Time:	Confirm with	Email	Call			
Final Liability:	1	Assessed) BOLA S/N No. :		B 28, Ass. Lia :			
Repair Cost:	S\$	Assessed) BOLA 3/10 100.	II NO or	D 20, ASS. Lia .			
Loss of Rental (LOR):	S\$ (	days)					
Loss of Use (LOU):	S\$ (\$ x	days)					
Loss of Income (LOI):	S\$ (\$ x	days)					
LOR only LOU only		OR + LOI [Tick only one]					
GIA/LTA Search	S\$	[zzek omj one]					
Medical:	S\$		1) Claim	n status: Normal/Reje	ect/Private Settle		
Disbursement:	S\$	(e.g. Tow/ Independent )		rt Format:	Dette		
Legal Cost	S\$	(o.g. 10 m independent)	3) Surve				
Total:	S\$	Global Sum S\$:	barve				
FINAL PAYMENT	Date/Time:	Confirm with:	Email	Call			
Payee 1:	S\$	Name 1:	Dinuii _				
1 ayoo 1.	ψ	ranic i.					

Payee 2: (Strike if N.A.)
Payee 3: (Strike if N.A.)

S\$

S\$

Name 2: Name 3: