15/5/2010

INS. CASE OWNER: JOANNEY

CC4/FCI20005741/Dea3

LKK:

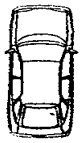
IDAC:

ASSIGNMENT

Surveyor: BRYAN DOI: _____ Date / Time : 14/05/2020

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SHD 3307E Claim No. : D20002128MFSH

Name of Insured : COMFORT TRANSPORTATION PTE LTD Policy No. : D-20094922MFSH

Insured Tel No. : _____ HP: _____ Make / Model : HYUNDAI 140

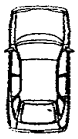
Excess Sec II :S$ _____ D.O.A : 12/05/2020 Place of Accident : UPPER SERANGOON ROAD TWDS KOVAN

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

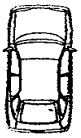
If **NO**, Driver Name / Age : MOHAMED YASEEN MOHAMED ALAUDEEN OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : 90065181 (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

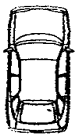
SHB 4140Y → _____ → _____ → _____



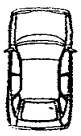
INSRS:
WSP: BIFROST AUTO
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time					
	SHB 4140Y -	CB/AIG09026405/a	03/04/2006	**STAGE**	**DATE / PIC**
		CC3/AXA13017780/Ypm3u2	19/09/2013	Non-Reporting ltr (1st):	
		CS/FCI17002429/Kqbn2	03/02/2017	Non-Reporting ltr (2nd):	
		NA/INC11022351/w1	01/11/2011	Non-Reporting ltr (Final):	
		NA/MSG13006156/e1	22/03/2013	Notification ltr (if non-pickup):	
				Call OI:	
	SHD 3307E -	CC3/FCI15016982/Kqbc2	06/10/2015	After call ltr to OI:	
		CC3/FCI16007224/Kqbc2	16/04/2016	**Documentation Check List:**	**Handler** / **Typist**
		CC3/FCI16008209/Kgbd1	03/05/2016	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:	☐
PRELIMINARY ADVICE	Date/Time:		Sent By:	Post-Repair Photos:	☐ / ☐
				Others:	☐ / ☐

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:		