15/5/2010

INS. CASE OWNER:

CC4/III20005770/ga3

LKK:

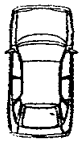
IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 18/05/2020

Registered in Merimen: 18/05/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 3351G

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Insured Tel No. : 65508768 HP: _____

Excess Sec II :S$ _____ D.O.A : 14/05/2020

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

Claim No. : _____

Policy No. : _____

Make / Model : HYUNDAI IONIQ

Place of Accident : UPPER SERANGOON RD TO POTONG PASIR

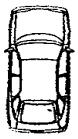
If **NO**, Driver Name / Age : JERRY TAN WENG KIAT

Driver Tel No. :97303238 (V/L: YES / NO)

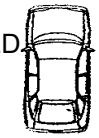
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

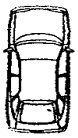
EX 8899K → _____ → _____ → _____



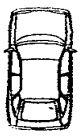
INSRS:
WSP: ALAN'S UNITED AUTO
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	EX 8899K - X	**STAGE** **DATE / PIC**
		Non-Reporting ltr (1st):
	SHC 3351G - CC3/AXA12002561/H1ec3q2 03/02/2012	Non-Reporting ltr (2nd):
	CC3/CAI13019348/Ypb3q2 12/10/2013	Non-Reporting ltr (Final):
	CC4/III16018081/Aua3q2 19/09/2016	Notification ltr (if non-pickup):
	CC6/III16013130/Uua3s2 14/07/2016	Call OI:
	CS/MSG16017729/M1th3e2 19/09/2016	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:
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:	