

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

Claim No. :

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Policy No. :

Insured Tel No. : 65508768

HP:

Make / Model : HYUNDAI IONIQ

Excess Sec II : S\$

D.O.A : 14/05/2020

Place of Accident : UPPER SERANGOON RD TO POTONG PASIR

Is driver the owner?

( YES / ☒ NO )

Nature of Accident :

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

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

Driver Tel No. : 97303238

(V/L: ☒ YES / NO )

Insured Liability : % Final ? Yes / No

EX 8899K



INSRS:

WSP: ALAN'S UNITED

Tel: AUTO

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time	STAGE	DATE / PIC
	EX 8899K - X	
	SHC 3351G - CC3/AXA12002561/H1ec3q2 03/02/2012	Non-Reporting ltr (1st):
	CC3/CAI13019348/Ypb3q2 12/10/2013	Non-Reporting ltr (2nd):
	CC4/III16018081/Aua3q2 19/09/2016	Non-Reporting ltr (Final):
	CC6/III16013130/Uua3s2 14/07/2016	Notification ltr (if non-pickup):
	CS/MSG16017729/M1th3e2 19/09/2016	Call OI:
		After call ltr to OI:
		Documentation Check List: Handler Typist
		Notification ltr (if non-pickup) <input type="checkbox"/> <input type="checkbox"/>
17/07/2020	REJECTION EMAIL SEND TP - TP NOT TRAVELLING STRAIGHT IN HIS LANE. HE IS CHANGING LANE TOO AND THUS REAR ENDED ON DIV. MR YEW TO CHOP & SIGN	After call ltr to OI: <input type="checkbox"/> <input type="checkbox"/>
		Authorisation To Act: <input type="checkbox"/> <input type="checkbox"/>
		Release Voucher: <input type="checkbox"/> <input type="checkbox"/>
		Final Repair Bill: <input type="checkbox"/> <input type="checkbox"/>
		Car Rental Invoice: <input type="checkbox"/> <input type="checkbox"/>
		Towing Invoice: <input type="checkbox"/> <input type="checkbox"/>
		LTA / GIA : <input type="checkbox"/> <input type="checkbox"/>
		Medical Bill: <input type="checkbox"/> <input type="checkbox"/>
		PIR: <input type="checkbox"/> <input type="checkbox"/>
		Mandate/Reject Instruction: <input type="checkbox"/> <input type="checkbox"/>
		LOD: <input type="checkbox"/> <input type="checkbox"/>
		Payment Breakdown Form: <input type="checkbox"/> <input type="checkbox"/>
		Post-Repair Photos: <input type="checkbox"/> <input type="checkbox"/>
		Others: <input type="checkbox"/> <input type="checkbox"/>
PRELIMINARY ADVICE Date/Time:	Sent By:	
FINALIZATION Date/Time:	Confirm with:	Confirm by:
Repair Cost: S\$	( days) Reduction: %	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>
Final Liability: % 0	(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 <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [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: REJECT
Legal Cost: S\$		3) Survey fee: \$250.00
Total: S\$	Global Sum S\$:	
FINAL PAYMENT Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1: S\$	Name 1:	
Payee 2: (Strike if N.A.) S\$	Name 2:	
Payee 3: (Strike if N.A.) S\$	Name 3:	

Reject Case

By (staff) :  
Approved by : *Yw*  
Date : 20-07-20