15/5/2010

INS. CASE OWNER:

CC6/III20005822/Kea3

LKK:

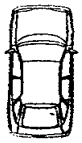
IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 19/05/2020 Date / Time : 19/05/2020

Registered in Merimen: 19/05/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 2954Z Claim No. :

Name of Insured : COMFORT TRANSPORTATION PTE LTD Policy No. :

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

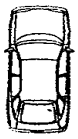
Excess Sec II :S$ D.O.A : 16/05/2020 Place of Accident : ALONG WOODLANDS AVE 12 TOWARDS WOODLANDS AVE 5

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

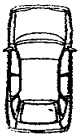
If **NO**, Driver Name / Age : SULAIMAN BIN DOLIKSHAM OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : 81129448 (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

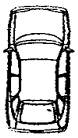
SLS 7539A → → →



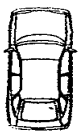
INSRS:
WSP: ESTEEM
Tel : PERFORMANCE
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SLS 7539A - X	
	SHC 2954Z - CC3/LCR18002195/K1js3q2	02/02/2018
	CC4/ASM18001141/K1pa3q2	10/01/2018
	CC6/III17020886/Kua3q2	28/10/2017
	NA/INC18015829/k4	29/08/2018
	NS/INC10009405/Cn	13/05/2010
	NS/INC13022828/H1cbu2	02/12/2013

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:			