15/5/2010

INS. CASE OWNER:

CC4/FCI20005961/Aga3

LKK:

IDAC:

ASSIGNMENT

Surveyor: ADRIAN DOI: _____ Date / Time : 27/05/2020

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : SHD 7208G Claim No. : D20002231MFSH

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

Insured Tel No. : _____ HP: _____ Make / Model : TOYOTA PRIUS

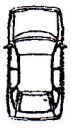
Excess Sec II :S$ _____ D.O.A : 26/05/2020 Place of Accident : BLK 146A RIVERVALE DR

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

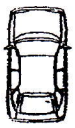
If **NO**, Driver Name / Age : WOO YEW LIAN OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : 96513628 (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SMP 7358J → _____ → _____ → _____



INSRS:
WSP: CAS GARAGE
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SMP 7358J - X SHD 7208G - X	
23/11/2020	FCI INSTRUCT TO SUBMIT WP. ADMIN TO CLOSE	

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: L/S S$ 4400.00 (4 days) Reduction: 11,486.88 % 72 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: WP
Legal Cost	S$		3) Survey fee: 459.00
Total:	**S$**	**Global Sum S$:**	SEEK APPROVAL

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:	