15/5/2010

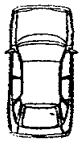
INS. CASE OWNER: KAREN TAN | CC4/FCI20006099/ka3 | LKK: IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 02/06/2020

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SHB 4466H | Claim No. : D20002270MFSH

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

Insured Tel No. : _____ HP: _____ | Make / Model : _____

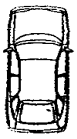
Excess Sec II :S$ _____ D.O.A : 29/05/2020 18:10 | Place of Accident : BEDOK NTH RD X BEDOK NTH AVE 1

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

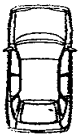
If **NO**, Driver Name / Age : TAN HEE CHER | OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : +65-82868866 (V/L: YES / NO) | Insured Liability : % **Final ? Yes / No**

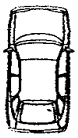
SGZ 1285T → _____ → _____ → _____



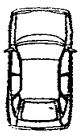
INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SGZ 1285T - CS/EQI10010120/LKbr1 ; 30.04.2010
	SHB 4466H - CC3/CAI14012924/H1rb3w2 ; 08/07/2014
	CC4/III17022321/M1wa3q2 ; 21/11/2017
	CS/FCI16024135/M1gh3m2 ; 15/12/2016
	CS/FCI17022329/Atbn2 ; 21/11/2017
	NA/CTI17022215/h4 ; 21/11/2017
	NS/INC11021136/H1qn ; 12/10/2011
	NS/INC14023797/H1qbk3 ; 22/12/2014
	NS/INC15010638/H1qy3k3 ; 24/06/2015

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:	