CC4/FCI20006447/Kka3q2

15/5/2010

INS. CASE OWNER: KAREN TAN ~~CC4/FCI20006175/Ka3~~

LKK:

IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 05.06.2020

Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. : SH 9126U

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Insured Tel No. : _____ HP: _____

Excess Sec II :S$ _____ D.O.A : 30/05/2020 15:10

Is driver the owner? (YES / NO)

If **NO**, Driver Name / Age : LIM WAN TIONG

Driver Tel No. : +65-96225343 (V/L: YES / NO)

Claim No. : D20002290MFSH

Policy No. : D-20094922MFSH

Make / Model : TOYOTA PRIUS

Place of Accident : BLK 602 HOUGANG AVE 4 C/PARK

Nature of Accident : _____

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

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

SJY 3925L → _____ → _____ → _____

INSRS:
WSP: OPTIMA WERKZ
Tel : PTE LTD
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SJY 3925L - CC6/AIG18016185/Akb3q2 ; 01.09.2018 - CS/CAI14007662/Rqbd1 ; 21.04.2014 SH 9126U - CS/FCI18017247/K1td3n2 ; 20.09.2018 - CC3/ICS17015244/K1eb3q2 ; 03.08.2017 - CC3/TMI16008418/H1qbn2 ; 04.05.2016 - NS/INC15010814/H1qbk3; 28.06.2015	
18/11/2020 KHANCHNA	REJECT CLAIM. SURVEY DONE. OI VIDEO SHOW TP ENCROACH OI PATH. TP SHOULD HAVE KEPT CLOSER TO HIS LANE	

Reject Case
By (staff) : Khanchna
Approved by : Vh
Date : 18/11/20

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) BO /N No. :	If NO or B 28, Ass. Lia :
Repair Cost:	S$	
Loss of Rental (LOR):	S$ da	REJECT CLAIM. SURVEY DONE.
Loss of Use (LOU):	S$ ($)	
Loss of Income (LOI):	S$ ($ days)	
LOR only ☐ LOU only ☐ LOR + LOU ☐	LOI ☐ [**Tick only one**]	
GIA/LTA Search	S$	
Medical:	S$	1) Claim status: ~~Normal~~/Reject/~~Private Settle~~
Disbursement:	S$ Tow/ Independent)	2) Report Format: WP
Legal Cost	S$	3) Survey fee: $174
Total:	**S$** **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:	