15/5/2010

INS. CASE OWNER: JASON	CC4/FCI20007167/kv3	LKK: IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 09/07/2020

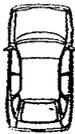Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : SHA 1959C   Claim No. : D20002717MFSH

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

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

Excess Sec II :S$ _____ D.O.A : 07/07/2020   Place of Accident : ALONG SLIP RD TOWARDS MOULMEIN RD

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

If **NO**, Driver Name / Age : MOHD SAAT B ABD LATIFF   OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : 98301744   (V/L: YES / NO) Insured Liability : ___% **Final ? Yes / No**

SGJ 929K ———→ ———→   ———→

INSRS: PERFORMANCE WSP: MOTORS Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	SGJ 929K - CC4/EQI19020255/Ega3q2 ; 12/11/2019	STAGE	DATE / PIC
	SHA 1959C - CC3/AIG14021143/H1ue3w2 ; 11/11/2014	Non-Reporting ltr (1st):	
	CC3/AIG15012180/H1ja3s2 ; 17/07/2015	Non-Reporting ltr (2nd):	
	CC3/AIG17014248/K1eb3s2 ; 20/07/2017	Non-Reporting ltr (Final):	
	CS/FCI09018625/Ufr1 20/08/2009	Notification ltr (if non-pickup):	
	CS/FCI12019839/Rvk3 10/10/2012	Call OI:	
	CS/FCI16012031/Dvbd1 23/06/2016	After call ltr to OI:	
	CS/FCI17023817/R1rd3n2 14/12/2017		
	NA/INC16011715/r3 23/06/2016	**Documentation Check List: Handler Typist**	
	NS/INC11023265/H1vtn 10/11/2011	Notification ltr (if non-pickup)	☐ ☐
	NS/INC17003413/H1vbm2 16/02/2017	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:	☐

PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos:	☐ ☐
		Others:	☐ ☐

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:	