

**ASSIGNMENT**

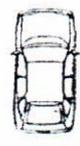
Surveyor: XING GUO QIANG      DOI: 13/07/2020      Date / Time: 13/07/2020  
 Registered in Merimen:     

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 8736Y      Claim No. : D20002730MFSH  
 Name of Insured : COMFORT TRANSPORTATION PTE LTD      Policy No. : \_\_\_\_\_  
 Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_      Make / Model : \_\_\_\_\_  
 Excess Sec II :SS \_\_\_\_\_ D.O.A : 07-07-2020      Place of Accident : \_\_\_\_\_  
 Is driver the owner? ( YES / NO )      Nature of Accident : \_\_\_\_\_  
 If NO, Driver Name / Age : \_\_\_\_\_      OI GIA REPORT: YES / NO : \_\_\_\_\_ TP GIA REPORT: YES / NO : \_\_\_\_\_  
 Driver Tel No. : \_\_\_\_\_ (V/L: YES / NO )      Insured Liability : \_\_\_\_\_ %      Final ? Yes / No : \_\_\_\_\_

SLQ 3705Z      →      →      →      →



INSRS: \_\_\_\_\_  
 WSP: BIFROST AUTO  
 Tel : \_\_\_\_\_  
 Liability : \_\_\_\_\_  
 RMKS: \_\_\_\_\_



INSRS: \_\_\_\_\_  
 WSP: \_\_\_\_\_  
 Tel : \_\_\_\_\_  
 Liability : \_\_\_\_\_  
 RMKS: \_\_\_\_\_



INSRS: \_\_\_\_\_  
 WSP: \_\_\_\_\_  
 Tel : \_\_\_\_\_  
 Liability : \_\_\_\_\_  
 RMKS: \_\_\_\_\_



INSRS: \_\_\_\_\_  
 WSP: \_\_\_\_\_  
 Tel : \_\_\_\_\_  
 Liability : \_\_\_\_\_  
 RMKS: \_\_\_\_\_

Date/ Time	STAGE	DATE / PIC
	SLQ 3705Z - CC3/CTI20007170/T1es3 ; 07/07/2020	Non-Reporting ltr (1st):
	NA/CTI20007146/h4 ; 07/07/2020	Non-Reporting ltr (2nd):
	NA/LIP18018872/h4 ; 16/10/2018	Non-Reporting ltr (Final):
	SHC 8736Y - CC3/AIG10003362/Cje2n2 ; 17/02/2010	Notification ltr (if non-pickup):
	CC3/AIG10020544/Gar1q2 ; 09/10/2010	Call OI:
	CC3/AXA12015873/H1edz1 ; 14/08/2012	After call ltr to OI:
	CC3/CTI20007170/T1es3 ; 07/07/2020	<b>Documentation Check List:</b> Handler    Typist
	CS/FCI13018322/Ggbk3 ; 27/09/2013	Notification ltr (if non-pickup) <input type="checkbox"/> <input type="checkbox"/>
	CS/FCI19004733/T1vd3n2 ; 14/03/2019	After call ltr to OI: <input type="checkbox"/> <input type="checkbox"/>
	CS3/FCI16003186/Ggh3d1 ; 12/02/2016	Authorisation To Act: <input type="checkbox"/> <input type="checkbox"/>
	NA/CTI20007146/h4 ; 07/07/2020	Release Voucher: <input type="checkbox"/> <input type="checkbox"/>
	NA/INC09021249/w1 ; 22/09/2009	Final Repair Bill: <input type="checkbox"/> <input type="checkbox"/>
	NJA1/INC08010873/T1y1 ; 29/03/2008	Car Rental Invoice: <input type="checkbox"/> <input type="checkbox"/>
24/8/2020 KHANCHNA	FCI (CATHAN) INSTRUCTED TO REJECT TP CLAIM- OI VEH STATIONARY AT POINT OF COLLISION. KAREN (FCI) TOOK OVER. SURVEY DONE	Towing Invoice <input type="checkbox"/> <input type="checkbox"/>
		LTA / GIA : <input type="checkbox"/> <input type="checkbox"/>
		Medical Bill: <input type="checkbox"/> <input type="checkbox"/>
		PIR: <input type="checkbox"/> <input type="checkbox"/>
		<del>Medical</del> Reject Instruction: <input checked="" type="checkbox"/> <input type="checkbox"/>
		LOD <input type="checkbox"/> <input type="checkbox"/>
		Payment Breakdown Form: <input type="checkbox"/> <input type="checkbox"/>
		Post-Repair Photos: <input type="checkbox"/> <input type="checkbox"/>
		Others: <input type="checkbox"/> <input type="checkbox"/>

Reject Case  
 Subject: Khanchan  
 Approved by: [Signature]  
 Date: 24-08-20

**PRELIMINARY ADVICE**    Date/Time: \_\_\_\_\_    Sent By: \_\_\_\_\_

**FINALIZATION**    Date/Time: \_\_\_\_\_    Confirm with: \_\_\_\_\_    Confirm by: \_\_\_\_\_  
 Repair Cost: L/S SS 5,900    ( 6 days) Reduction: 4,965.12/46%    Email  Call

**FINAL SETTLEMENT**    Date/Time: \_\_\_\_\_    Confirm with \_\_\_\_\_    Email  Call

Final Liability: % \_\_\_\_\_ (Agreed / Assessed) BOLA S/N No. : NIL    If NO or B 28, Ass. Lia : \_\_\_\_\_  
 Repair Cost: SS \_\_\_\_\_    FCI (CATHAN) INSTRUCTED TO REJECT TP CLAIM  
 Loss of Rental (LOR): SS \_\_\_\_\_ ( \_\_\_\_\_ days)    \_\_\_\_\_  
 Loss of Use (LOU): SS \_\_\_\_\_ x \_\_\_\_\_    \_\_\_\_\_  
 Loss of Income (LOI): SS \_\_\_\_\_ x \_\_\_\_\_ (days)    \_\_\_\_\_  
 LOR only  LOU only  LOR + LOU  LOI + LOU  [Tick only one]  
 GIA/LTA Search    SS \_\_\_\_\_    \_\_\_\_\_  
 Medical:    SS \_\_\_\_\_    \_\_\_\_\_  
 Disbursement:    SS \_\_\_\_\_ (e.g. Tow/ Independent )    \_\_\_\_\_  
 Legal Cost    SS \_\_\_\_\_    \_\_\_\_\_  
 Total:    SS \_\_\_\_\_    Global SS: \_\_\_\_\_  
 1) Claim status: ~~Normal/Reject/Private Settle~~  
 2) Report Format: WP  
 3) Survey fee: \$386

**FINAL PAYMENT**    Date: \_\_\_\_\_    Confirm with \_\_\_\_\_    Email  Call

Payee 1:    SS \_\_\_\_\_    Name 1: \_\_\_\_\_  
 Payee 2: (Strike if N.A.)    SS \_\_\_\_\_    Name 2: \_\_\_\_\_  
 Payee 3: (Strike if N.A.)    SS \_\_\_\_\_    Name 3: \_\_\_\_\_

