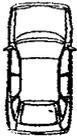|				LKK:
INS. CASE OWNER:	CATHAN HENG	CC4/FCI20007236/Gka3		IDAC:

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 :S$ D.O.A : **07-07-2020**   Place of Accident :

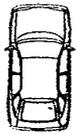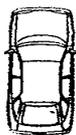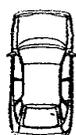Is driver the owner? (YES / NO)   Nature of Accident :

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	SLQ 3705Z - CC3/CTI20007170/T1es3 ; 07/07/2020 NA/CTI20007146/h4 ; 07/07/2020 NA/LIP18018872/h4 ;16/10/2018 SHC 8736Y - CC3/AIG10003362/Cje2n2 ; 17/02/2010 CC3/AIG10020544/Gar1q2 ; 09/10/2010 CC3/AXA12015873/H1edz1 ; 14/08/2012 CC3/CTI20007170/T1es3 ; 07/07/2020 CS/FCI13018322/Ggbk3 ; 27/09/2013 CS/FCI19004733/T1vd3n2 ; 14/03/2019 CS3/FCI16003186/Ggh3d1 ; 12/02/2016 NA/CTI20007146/h4 ; 07/07/2020 NA/INC09021249/w1 ; 22/09/2009 NJA1/INC08010873/T1y1 ; 29/03/2008	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:	☐ ☐

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: