

INS. CASE OWNER:

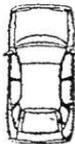
CC4 / FCI 2000 7318 / Kes3

LKK:
IDAC:

ASSIGNMENT

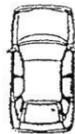
Surveyor: Kenneth DOI: 27/07/2020 Date / Time : 15/07/2020
Registered in Merimen:

Pre-assign / CCU / FTE

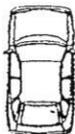


Insured Vehicle No. : SHA 7870J Claim No. :
Name of Insured : COMFORT TRANSPORTATION PTE LTD Policy No. :
Insured Tel No. : HP: Make / Model :
Excess Sec II : SS D.O.A : 11/07/2020 Place of Accident :
Is driver the owner? (YES / NO) Nature of Accident :
If NO, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
Driver Tel No. : (V/L: YES / NO) Insured Liability : % Final ? Yes / No

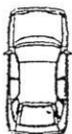
SME 5820L



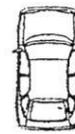
INSRS:
WSP: OPTIMA
Tel : WERKZ
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SME 5820L : NA/INC19010108/k4 ; DOA : 07/06/2019	Non-Reporting ltr (1st):	
	SHA 7870J : NS/INC18011661/K1tbn2 ; DOA : 25/06/2018	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)	<input type="checkbox"/>
		After call ltr to OI:	<input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/>
		PIR:	<input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/>
		LOD	<input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/>
PRELIMINARY ADVICE	Date/Time: <u> </u> Sent By: <u> </u>	Post-Repair Photos:	<input type="checkbox"/>
		Others:	<input type="checkbox"/>
FINALIZATION	Date/Time: <u> </u> Confirm with: <u> </u> Confirm by: <u> </u>		
Repair Cost:	S\$ <u> </u> (<u> </u> days) Reduction: <u> </u> %	Email <input type="checkbox"/>	Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time: <u> </u> Confirm with: <u> </u> Email <input type="checkbox"/>	Call <input type="checkbox"/>	
Final Liability:	% <u> </u> (Agreed / Assessed) BOLA S/N No. : <u> </u>	If NO or B 28, Ass. Lia : <u> </u>	
Repair Cost:	S\$ <u> </u>		
Loss of Rental (LOR):	S\$ <u> </u> (<u> </u> days)		
Loss of Use (LOU):	S\$ <u> </u> (\$ <u> </u> x <u> </u> days)		
Loss of Income (LOI):	S\$ <u> </u> (\$ <u> </u> x <u> </u> days)		
LOR only <input type="checkbox"/>	LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/>	LOR + LOI <input type="checkbox"/> [Tick only one]
GIA/LTA Search	S\$ <u> </u>		
Medical:	S\$ <u> </u>	1) Claim status: Normal/Reject/Private Settle	
Disbursement:	S\$ <u> </u> (e.g. Tow/ Independent)	2) Report Format: <u> </u>	
Legal Cost	S\$ <u> </u>	3) Survey fee: <u> </u>	
Total:	S\$ <u> </u> Global Sum S\$:		
FINAL PAYMENT	Date/Time: <u> </u> Confirm with: <u> </u> Email <input type="checkbox"/>	Call <input type="checkbox"/>	
Payee 1:	S\$ <u> </u> Name 1: <u> </u>		
Payee 2: (Strike if N.A.)	S\$ <u> </u> Name 2: <u> </u>		
Payee 3: (Strike if N.A.)	S\$ <u> </u> Name 3: <u> </u>		