

INS. CASE OWNER:

CC6/FCI20007519/ea3

IDAC:

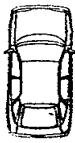
ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : **21/07/2020**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SHA 4980U**

Claim No. : _____

Name of Insured : **COMFORT TRANSPORTATION PTE LTD**

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

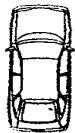
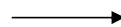
Excess Sec II :S\$ _____ D.O.A : **20/07/2020 14:15**Place of Accident : **SIN MING DRIVE > SIN MING ROAD**

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****GBE 3643A****SHA 4980U****SJR 6862B**INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:**OI**INSRS:
WSP: **HOCK**
Tel : **WAH**
Liability :
RMKS: **TP**INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SJR 6862B - X	STAGE
	SHA 4980U - C3/AIG13002556/Kb1t2q2 ; 04/02/2013	DATE / PIC
	CC4/ASM18012544/K1wa3q2 ; 08/07/2018	Non-Reporting ltr (1st):
	NA/TMI13002377/e1 ; 04/02/2013	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: _____	