15/5/2010

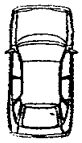
INS. CASE OWNER: JASON TEA | CC4/FCI20007604/Kda3 | LKK: IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 22/07/2020 Date / Time : 23/03/2020

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 1689G Claim No. : D20002883MFSH

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

Insured Tel No. : HP: Make / Model : HYUNDAI I40

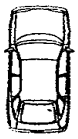
Excess Sec II :S$ D.O.A : 20-07-2020 Place of Accident : TPE(SLE) EXIT TO PUNGGOL RD

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

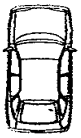
If **NO**, Driver Name / Age : SEOW CHER LAK OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

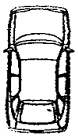
SJP 9668L → → →



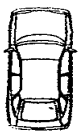
INSRS:
WSP: LIM YEW BOO SPRAY PAINT CO.
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SJP 9668L - X SHA 1689G - CC3/AIG11009739/H1n1a3k2 ; 18/05/2011 CC3/AIG12014831/H1b1g2w2 ; 27/07/2012 CC4/FCI20000673/Hea3q2 ; 06/01/2020 CC4/FCI20001298/Uka3 ; 18/01/2020 CC4/FCI20005652/Kea3 ; 25/04/2020 CS/TMI18012421/K1vd3n2 ; 06/07/2018 NA/CAI13024369/e1 ; 26/12/2013 NA/MSG12002745/k ; 06/01/2012 NS/INC16010170/Gvbd1 ; 30/05/2016	**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:		
Post-Repair Photos:		
Others:		

PRELIMINARY ADVICE	Date/Time:	Sent By:	
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:	