15/5/2010

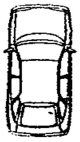
INS. CASE OWNER: ERIC WOO | CC3/FCI20007817/Kka3 | LKK: IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 28/07/2020 Date / Time : 28/07/2020

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SHB 6390D Claim No. : D20003018MFSH

Name of Insured : COMFORT TRANSPORTATION PTE LTD Policy No. :

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

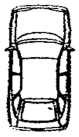
Excess Sec II :S$ D.O.A : 26/07/2020 20:50 Place of Accident : ALONG TELOK BLANGAH RD TURN LEFT TO VIVO CITY

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

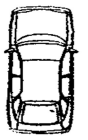
If **NO**, Driver Name / Age : SUHAIMI BIN OMAR OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

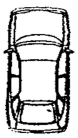
SHD 9715X → → →



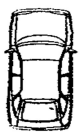
INSRS:
WSP: TRANS-CAB
Tel : AUTO
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHD 9715X - CC3/FCI14017188/Kgbk3 ; 12/05/2014 SHB 9390D - X

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: L/S S$ 4,050 (3 days) Reduction: 27,533.78/87 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Tim Confirm with Email ☐ Call ☐

Final Liability:	% (Agreed / Assessed) BO N No. :	If NO or B 28, Ass. Lia :
Repair Cost:	S$	FCI: LIABILITY UNCLEAR. SUBMIT WP
Loss of Rental (LOR):	S$ da	
Loss of Use (LOU):	S$ ($)	
Loss of Income (LOI):	S$ ($ days)	
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOI ☐ [**Tick only one**]		
GIA/LTA Search	S$	
Medical:	S$	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ Tow/ Independent)	2) Report Format: WP
Legal Cost	S$	3) Survey fee: $350
Total:	**S$** **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:	