

INS. CASE OWNER:

CC 4 / FCI 2000 7841

Uks3

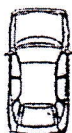
LKK:

IDAC:

ASSIGNMENT

Surveyor: Marcus* DOI: 13/08/2020Date / Time: 29/07/2020Registered in Merimen: —

Pre-assign / CCU / FTE

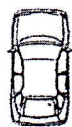
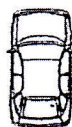
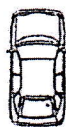
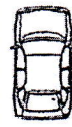
Insured Vehicle No. : SH 9180LClaim No. : Name of Insured : COMFORT TRANSPORTATION PTE LTDPolicy No. : Insured Tel No. : HP: Make / Model : Excess Sec II : SSD.O.A : 25/07/2020Place of Accident : Is driver the owner? (YES / NO)Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. : (V/L: YES / NO)OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NOInsured Liability : %

Final ? Yes / No

SMG 4227X

INSRS:
WSP: TAN LIM
Tel :
Liability :
RMKS: INSRS:
WSP:
Tel :
Liability :
RMKS: INSRS:
WSP:
Tel :
Liability :
RMKS: INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
	SMG 4227X : CC4/AIG19011999/K1hb3q2 ; DOA : 04/07/2019	
	SH 9180L : NBA/INC20005477Y ; DOA : 28/04/2020	
	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 / GLA :	
	Medical Bill:	
	PIR:	
	Mandate/Reject Instruction:	
	LOD	
	Payment Breakdown Form:	
	Post-Repair Photos:	
	Others:	
	Confirm by:	
	Repair Cost: P/P S\$ 4105.00 (4 days) Reduction: 3079.20 % 43 Email ☐ Call ☐	
	FINAL SETTLEMENT Date/Time: Confirm with: Email ☐ Call ☐	
	Final Liability: % 0 (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\$	
	Disbursement: S\$ (e.g. Tow/ Independent)	
	Legal Cost S\$	
	Total: S\$ Global Sum S\$: 1) Claim status: Normal/Reject/Private Settle	
	FINAL PAYMENT Date/Time: Confirm with: Email ☐ Call ☐	
	Payee 1: S\$ Name 1: 2) Report Format: REJECT	
	Payee 2: (Strike if N.A.) S\$ Name 2: 3) Survey fee: <u>4240.00</u> - 376.00	
	Payee 3: (Strike if N.A.) S\$ Name 3:	

Reject Case

By (staff) : Approved by : Date : 15/04/21