

INS. CASE OWNER:

CC 4 / FCI 2000 7974 / Uds3

LKK:
IDAC:

ASSIGNMENT

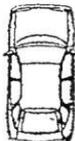
Surveyor: Marcus

DOI: 04/08/2020

Date / Time : 04/08/2020

Registered in Merimen: ---

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 1458G
 Name of Insured : COMFORT TRANSPORTATION PTE LTD
 Insured Tel No. : _____ HP: _____
 Excess Sec II : SS D.O.A : 30/07/2020
 Is driver the owner? (YES / NO) Nature of Accident : _____

Claim No. : _____
 Policy No. : _____
 Make / Model : _____
 Place of Accident : _____

If NO, Driver Name / Age :

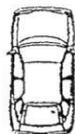
Driver Tel No. :

(V/L: YES / NO)

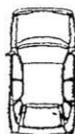
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : _____ % Final ? Yes / No

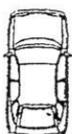
SLM 8127E



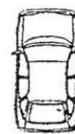
INSRS:
WSP: ZOOM
Tel: AUTOWERKS
Liability :
RMKS:



INSRS:
WSP:
Tel:
Liability :
RMKS:



INSRS:
WSP:
Tel:
Liability :
RMKS:



INSRS:
WSP:
Tel:
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
	SLM 8127E : X	
	SHA 1458G : CC4/III19022696/Dpa3q2 ; DOA : 21/12/2019	
	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)	<input type="checkbox"/> <input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
	LTA / GIA :	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
	PIR:	<input type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	LOD	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____
 Repair Cost: S\$ 10,000.00 (13 days) Reduction: 64 % Email Call

FINAL SETTLEMENT Date/Time: 23/09/2020 Confirm with Elin Email Call

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : NIL If NO or B 28, Ass. Lia :

Repair Cost: S\$ 10,000.00

Loss of Rental (LOR): S\$ 1,700.00 (17 days) X \$100

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\$ 7.45

Medical: S\$ -

Disbursement: S\$ - (e.g. Tow/ Independent)

Legal Cost S\$ -

Total: S\$ 11,707.45 Global Sum S\$: _____

FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email Call

Payee 1: S\$ 11,707.45 Name 1: Zoom Autowerks Pte Ltd

Payee 2: (Strike if N.A.) S\$ Name 2: _____

Payee 3: (Strike if N.A.) S\$ Name 3: _____

- 1) Claim status: Normal ~~Reject/Partial Settlement~~
- 2) Report Format: TP
- 3) Survey fee: \$600