

INS. CASE OWNER:

CC 4 / III 2000 8151 / Ups3

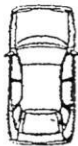
LKK:

IDAC:

ASSIGNMENT

Surveyor: MarcusDOI: 25/08/2020Date / Time: 05/08/2020Registered in Merimen: 06/08/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SH 9102M
 Name of Insured : COMFORT TRANSPORTATION PTE LTD
 Insured Tel No. : _____ HP: _____
 Excess Sec II : \$S _____ D.O.A : 03/08/2020
 Is driver the owner? (YES / ☒ NO) Nature of Accident : _____

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

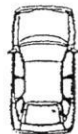
If NO, Driver Name / Age :

Driver Tel No. :

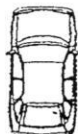
(V/L: ☒ YES / NO)OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NO

Insured Liability : % Final ? Yes / No

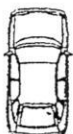
SJZ 890S



INSRS:
 WSP: KAH MOTOR
 Tel : _____
 Liability : _____
 RMKS: _____



INSRS:
 WSP: _____
 Tel : _____
 Liability : _____
 RMKS: _____



INSRS:
 WSP: _____
 Tel : _____
 Liability : _____
 RMKS: _____



INSRS:
 WSP: _____
 Tel : _____
 Liability : _____
 RMKS: _____

Date / Time	STAGE	DATE / PIC
	SJZ 890S : CC3/AXA12007337/Uhdf1 ; DOA : 11/04/2012	
	SH 9102M : CC4/III17004974/T1dg3q2 ; DOA : 02/03/2017	
	Non-Reporting ltr (1st):	
	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	
	After call ltr to OI:	
07/10/2020	Pls refer to VIEWS for details.	
	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 type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
	PIR:	<input type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
	LOD	<input 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:
Repair Cost: P/P	\$S 1,400.00 (2 days) Reduction: 47 %	Confirm by:
FINAL SETTLEMENT	Date/Time: 07/10/2020 Confirm with Lim	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 26	If NO or B 28, Ass. Lia :
Repair Cost w/GST	\$S 1,498.00	
Loss of Rental (LOR):	\$S (days)	
Loss of Use (LOU):	\$S 200.00 (\$100 x 2 days)	
Loss of Income (LOI):	\$S (\$ x days)	
LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]		
GIA/LTA Search	\$S	
Medical:	\$S	
Disbursement:	\$S (e.g. Tow/ Independent)	
Legal Cost	\$S	
Total:	\$S 1,698.00 Global Sum \$S:	
FINAL PAYMENT	Date/Time:	Confirm with:
Payee 1:	\$S 1,698.00 Name 1: Kah Motor Co Sdn Bhd	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Payee 2: (Strike if N.A.)	\$S Name 2:	
Payee 3: (Strike if N.A.)	\$S Name 3:	

1) Claim status: Normal/Reject/Private Settle

2) Report Format: TP

3) Survey fee: \$350.00