15/5/2010

INS. CASE OWNER: CC 4 / III 2000 8516 / Eps3

LKK:

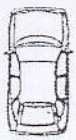
IDAC:

ASSIGNMENT

Surveyor: STEVE DOI: 17/08/2020 Date / Time : 17/08/2020

Registered in Merimen: 17/08/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 2905R

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Insured Tel No. : HP:

Excess See II :S$ D.O.A : 02/08/2020

Is driver the owner? (YES / NO)

If NO, Driver Name / Age :

Driver Tel No. : (V/L: YES / NO)

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

Nature of Accident :

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

Insured Liability : % Final ? Yes / No

SMH 7056Y →

INSRS:
WSP: MY CAR
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SMH 7056Y : CC3/TMI20008008/T1sf3s2 ; DOA : 02/08/2020
	SHC 2905R : CC4/FCI20006687/Dda3 ; DOA : 19/06/2020
	18/9/20 Reject TP claim

Reject Case
By (staff) : Hsiao Tong
Approved by :
Date : 01/02/21

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/sum S$ 1,700.00 (3 days) Reduction: 53 % 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: $250.00
Total:	S$ 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:	