

INS. CASE OWNER:

CC 4 / III 2000 8530 / Kgs3

LKK:

IDAC:

Surveyor:

Kenneth

DOI:

ASSIGNMENT

18/08/2020

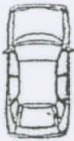
Date / Time:

17/08/2020

Registered in Merimen:

17/08/2020

Pre-assign / CCU / FTE



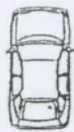
Insured Vehicle No. : SHD 4133H
 Name of Insured : COMFORT TRANSPORTATION PTE LTD
 Insured Tel No. : HP: _____
 Excess Sec II : \$S D.O.A : 13/08/2020
 Is driver the owner? (YES / ☒ NO) Nature of Accident : _____
 If NO, Driver Name / Age : _____
 Driver Tel No. : (V/L: ☒ YES / NO)

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

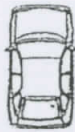
OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NO

Insured Liability : % Final ? Yes / No

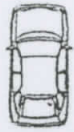
SLU 233S



INSRS:
WSP: KUM CHEW
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
	SLU 233S : X	
	SHD 4133H : CC4/III20006677/Eba3 ; DOA : 2406/2020	
	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)	<input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/>
	LOD	<input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>
17/09/2020	OI IN FRONT OF TP. TP (BOLA S27). OI DID SIGNALLLED WHILE TURNING. REJECTION EMAIL TO TP AS INSTRUCTED BY III. MR YEW TO CHOP & SIGN	
	<div style="border: 2px solid red; padding: 5px; margin: 10px auto; width: fit-content;"> Reject Case By (staff) : Approved by : <i>Ym</i> Date : 17-09-20 </div>	
PRELIMINARY ADVICE	Date/Time:	Sent By:
FINALIZATION	Date/Time:	Confirm with:
Repair Cost: L/S	\$S 3700.00 (2 days) Reduction: 2431.94 % 39	Confirm by:
FINAL SETTLEMENT	Date/Time:	Confirm with:
Final Liability:	% 0 (Agreed / Assessed) BOLA S/N No. :	Email <input type="checkbox"/> Call <input type="checkbox"/>
Repair Cost:	\$S	If NO or B 28, Ass. Lia :
Loss of Rental (LOR):	\$S (days)	
Loss of Use (LOU):	\$S (\$ x days)	
Loss of Income (LOI):	\$S (\$ x days)	
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]		
GIA/LTA Search	\$S	1) Claim status: Normal/Reject/Private Settle
Medical:	\$S	2) Report Format: REJECT
Disbursement:	\$S (e.g. Tow/ Independent)	3) Survey fee: \$250.00
Legal Cost	\$S	
Total:	\$S Global Sum \$S:	
FINAL PAYMENT	Date/Time:	Confirm with:
Payee 1:	\$S Name 1:	Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 2: (Strike if N.A.)	\$S Name 2:	
Payee 3: (Strike if N.A.)	\$S Name 3:	