15/5/2010

INS. CASE OWNER: JASON TEA

CC4/FCI20008701/Kda3

LKK:

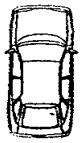
IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 19/08/2020 Date / Time : 19/08/2020

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SH 8269Y

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 14/08/2020 15:15

Is driver the owner? (YES / NO) Nature of Accident :

If **NO**, Driver Name / Age : SHIM BEE CHIN

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

Claim No. : D20003256MFSH

Policy No. : D-20094922MFSH

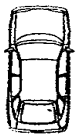
Make / Model : HYUNDAI IONIQ

Place of Accident : T JUNCTION OF YISHUN CENTRAL AND YISHUN AVE 9

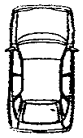
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

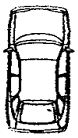
GBA 8991H → → →



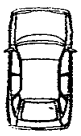
INSRS:
WSP: CHEW GOON MOTOR
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	GBA 8991H - X	**STAGE** **DATE / PIC**
	SH 8269Y - CC3/AXA11025081/H1ec3q2 ; 03/12/2011	Non-Reporting ltr (1st):
	CC4/LPC17009480/H1hb3n2 ; 13/05/2017	Non-Reporting ltr (2nd):
	CS/FCI14004876/Gvm3k3 ; 08/10/2013	Non-Reporting ltr (Final):
	CS/QW13020378/Yvm3k3 ; 08/10/2013	Notification ltr (if non-pickup):
	CS3/FCI15022175/R1qh3c2-1 ; 24/12/2015	Call OI:
	CS3/FCI15022175/T1qh3c2 ; 24/12/2015	After call ltr to OI:
	NA/UOI15022056/h4 ; 24/12/2015	**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: ☐
PRELIMINARY ADVICE	Date/Time: Sent By:	Post-Repair Photos: ☐ ☐
		Others: ☐ ☐

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost:	S$ (days) Reduction: %		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:
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:	