



ASSIGN SHEET.pdf



165-7000

INS. CASE OWNER:

CC4 / FCI 2000 8728 / Nes3

LKJ:

IDAC:

Surveyor: NAZ DOI: 20/08/2020

Date / Time: 20/08/2020

Registered in Meritum: —

Pre-assign / CCU / FTE



Insured Vehicle No.: SHA 7659D
 Name of Insured: COMFORT TRANSPORTATION PTE LTD
 Insured Tel No.: HP: —
 Excess See II : \$5 D.O.A: 16/08/2020

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

Is driver the owner? (YES / NO)

Nature 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

FBP 1493X



INSRS:
WSP:
Tel: BIKE PRODUCTION
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time

FBP 1493X : CS/AIG19015734/T1sd3e2 ; DOA : 01/09/2019
 SHA 7659D : CC4/ASM18016575/K1fb3s2 ; DOA : 09/09/2018

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:

Document Check List: Handler Typist

Notification ltr (if non-pickup)

After call ltr to OI:

Authorization To A:

Release Voucher:

Final Repair Bill:

Casualty 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: NAZ

Repair Cost: L/S \$5 3,400.00 (3 days) Reduction: 56 %

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:

\$5

Loss of Rental (LOR): \$5 (days)

Loss of Use (LOU): \$5 (\$ x days)

Loss of Income (LOI): \$5 (\$ x days)

LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]

GIA/LTA Search

\$5

Medical:

\$5

Disbursement:

\$5

Legal Cost

\$5

Total:

\$5

Global Sum \$5:

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1:

\$5

Name 1:

Payee 2: (Strike if N.A.)

\$5

Name 2:

Payee 3: (Strike if N.A.)

\$5

Name 3:

SURVEY FEE: \$150
 TRANSPORT: \$150
 PHOTO : \$105

24.11.20 Request to reopen the case in view system to amend the recommended repair cost.

01 < 24.11