

INS. CASE OWNER:

CC4/III20008733/Eps3

IDAC:

ASSIGNMENTSurveyor: **STEVE**DOI: **20/8/2020**Date / Time : **20/8/2020**Registered in Merimen: **20/8/2020****Pre-assign / CCU / FTE**Insured Vehicle No. : **SHC 3155G**Claim No. : **MCT20080285**Name of Insured : **COMFORT TRANSPORTATION PTE LTD**Policy No. : **MCOM0015**

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **19/8/2020 15:15**Place of Accident : **SIMEI ENTRANCE TO PIE TUAS**

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

If NO, Driver Name / Age : **YEE YOI SENG**

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

Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : % **Final ? Yes / No****SJV 3846Y**INSRS:
WSP: **BORNEO**
Tel : **MOTORS**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			STAGE	DATE / PIC
	SJV 3846Y - X		Non-Reporting ltr (1st):	
	CC3/AXA13005686/M1v1b3q2 - 21/03/2013		Non-Reporting ltr (2nd):	
	SHC 3155G - CC3/III16022319/Kea3q2 - 16/11/2016		Non-Reporting ltr (Final):	
	CS/III12005560/M1fr2 - 16/03/2012		Notification ltr (if non-pickup):	
	CS3/III16004043/Ubd1 - 27/02/2016		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:	☐
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:		