15/5/2010

INS. CASE OWNER: CC4/III20008917/Ega3

LKK:

IDAC:

ASSIGNMENT

Surveyor: STEVE CHEN DOI: 25/08/2020 Date / Time : 24.08.2020

Registered in Merimen: 24.08.2020

Pre-assign / CCU / FTE

Insured Vehicle No. : SHC 3023D Claim No. :

Name of Insured : COMFORT TRANSPORTATION PTE LTD Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 17/08/2020 09:00 Place of Accident : LENTOR AVE >> AMK

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

If **NO**, Driver Name / Age : GAN LAY LING OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SMG 5902Z → → →

INSRS:
WSP: Auburn Auto Pte Ltd
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SMG 5902Z SHC 3023D CS/TMI20008608/T1sf3 ; 17.08.2020 - CC3/AIG10003743/Cwq1n ; 24/02/2010 - CS/AXA09025846/Kbg1 ; 14/11/2009	
21/09/2020	TP ENCROACHED INTO OI LANE. REJECTION EMAIL TO TP. MR YEW TO SIGN & CHOP	

Reject Case
By (staff) :
Approved by :
Date 22/09/20

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/S S$ 950.00 (3 days) Reduction: 6053.60 % 86 Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: Confirm with Email ☐ Call ☐

Final Liability:	% 0 (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: REJECT
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:	