15/5/2010

INS. CASE OWNER: CC 4 /FCI 2000 9542 / Kks3

LKK:

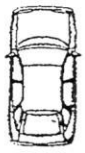
IDAC:

ASSIGNMENT

Surveyor: Kenneth DOI: 08/09/2020 Date / Time : 07/09/2020

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 1867J Claim No. :

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

Insured Tel No. : HP: Make / Model :

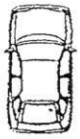
Excess Sec II :S$ D.O.A : 23/08/2020 Place of Accident :

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

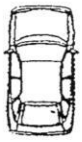
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

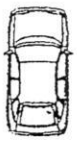
SDR 1066L → → →



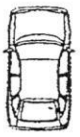
INSRS:
WSP: CHUAN HO
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SDR 1066L : X SHA 1867J : NA/INC08024635/s1 ; DOA : 06/09/2008

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: P/P S$ 1,996.91 (2 days) Reduction:1,584.53/44 % Email ☐ Call ☐

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

Final Liability:	% (Agreed / Assessed)	LA S/N No. :
Repair Cost:	S$	
Loss of Rental (LOR):	S$ (	s)
Loss of Use (LOU):	S$ ($ x	days)
Loss of Income (LOI):	S$ ($	days)
LOR only ☐ LOU only ☐ LOR + LOU ☐		+ LOI ☐ [Tick only one]
GIA/LTA Search	S$	
Medical:	S$	
Disbursement:	S$	g. Tow/ Independent)
Legal Cost	S$	
Total:	**S$**	**Global Sum S$:**

If NO or B 28, Ass. Lia :

FCI: CHRIS INSTRUCT SUBMIT WP

1) Claim status: Normal/Reject/Private Settle

2) Report Format: WP

3) Survey fee: $242

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:	