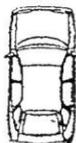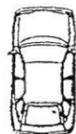|		LKK:
INS. CASE OWNER:	CC 4 /FCI 2000 9689 / Aes3	IDAC:

ASSIGNMENT

Surveyor: **Adrian** DOI: 10/09/2020 Date / Time : 10/09/2020

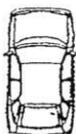Registered in Merimen: 10/09/2020

Pre-assign / CCU / FTE

Insured Vehicle No. : **SHC 8816A** Claim No. : _____

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

Insured Tel No. : _____ HP: _____ Make / Model : _____

Excess Sec II :S$ _____ D.O.A :31/08/2020 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**

SMU 983Z →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: CAS GARAGE	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	SMU 983Z : X SHC 8816A : CS/FCI14011659/Rqm3d1 ; DOA : 17/06/2014	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: LWP

Repair Cost: L/S S$ 1,750.00 (3 days) Reduction: 81 % 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: TP/WP
Legal Cost	S$	3) Survey fee: $288
Total:	S$ 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:

SURVEY FEE: $170
TRANSPORT: $100
PHOTO : $18