

INS. CASE OWNER:

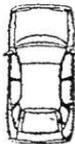
CC4 / FCI 2000 9807 / Kds3

LKK:  
IDAC:

**ASSIGNMENT**

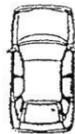
Surveyor: Kenneth DOI: 18/09/2020 Date / Time : 14/09/2020  
Registered in Merimen: \_\_\_\_\_

Pre-assign / CCU / FTE

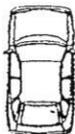


Insured Vehicle No. : SHA 3107G Claim No. : \_\_\_\_\_  
Name of Insured : COMFORT TRANSPORTATION PTE LTD Policy No. : \_\_\_\_\_  
Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model : \_\_\_\_\_  
Excess Sec II : SS D.O.A : 08/09/2020 Place of Accident : \_\_\_\_\_  
Is driver the owner? ( YES /  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

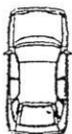
**SKV 1080R**



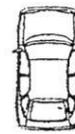
INSRS:  
WSP: **ALAN'S UNITED**  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time	SKV 1080R : CC6/III17010575/Kha3q2 ; DOA : 24/05/2017 SHA 3107G : CS/FCI16024485/Uth3n2 ; DOA : 17/12/2016	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:	
		<b>Documentation Check List:</b> Handler Typist	
		Notification ltr (if non-pickup)	<input type="checkbox"/>
		After call ltr to OI:	<input type="checkbox"/>
		Authorisation To Act:	<input checked="" type="checkbox"/>
		Release Voucher:	<input checked="" type="checkbox"/>
		Final Repair Bill:	<input checked="" type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/>
		PIR:	<input type="checkbox"/>
		Mandate/Reject Instruction:	<input checked="" type="checkbox"/>
		LOD	<input checked="" type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/>
		Post-Repair Photos:	<input type="checkbox"/>
		Others:	<input type="checkbox"/>

<b>PRELIMINARY ADVICE</b>	Date/Time:	Sent By:	
<b>FINALIZATION</b>	Date/Time:	Confirm with:	Confirm by:
Repair Cost:	S\$ <b>764.15</b> ( <b>1</b> days)	Reduction: - %	Email <input type="checkbox"/> Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b>	Date/Time: <b>21/11/2020</b>	Confirm with: <b>Kenny</b>	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Final Liability:	% <b>100</b> (Agreed / Assessed)	BOLA S/N No. : <b>NIL</b>	If NO or B 28, Ass. Lia :
Repair Cost: (w/GST)	S\$ <b>817.64</b>		
Loss of Rental (LOR):	S\$ - ( days)		
Loss of Use (LOU):	S\$ <b>50.00</b> (\$ <b>50</b> x <b>1</b> days)		
Loss of Income (LOI):	S\$ - (\$ x days)		
LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/>	LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]		
GIA/LTA Search	S\$ -		
Medical:	S\$ -		1) Claim status: Normal/ <del>Project/ Private/ South</del>
Disbursement:	S\$ - (e.g. Tow/ Independent)		2) Report Format: <b>TP</b>
Legal Cost	S\$ -		3) Survey fee: <b>\$350</b>
<b>Total:</b>	S\$ <b>867.64</b>	<b>Global Sum S\$:</b>	
<b>FINAL PAYMENT</b>	Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	S\$ <b>867.64</b>	Name 1:	<b>Alan's United Auto Pte Ltd</b>
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	