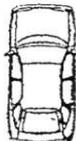15/5/2010

INS. CASE OWNER:

CC 4 / FCI 2000   9807 / Kds3

LKK:
IDAC:

ASSIGNMENT

Surveyor: Kenneth   DOI: 18/09/2020   Date / Time : 14/09/2020
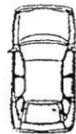
Registered in Merimen: _____
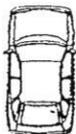
Pre-assign / CCU / FTE

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 :S$ _____ D.O.A :09/09/2020	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**
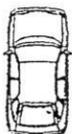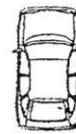
SKV 1080R → _____ → _____ _____ → _____

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

SKV 1080R : CC6/III17010575/Kha3q2 ; DOA : 24/05/2017
SHA 3107G : CS/FCI16024485/Uth3n2 ; DOA : 17/12/2016

Date/ Time		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:	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:	