CC 4 / III 2000 9892 / Kbs3

LKK.
IDAC:

INS. CASE OWNER:

ASSIGNMENT

Surveyor: **Kenneth**

DOI: 15/09/2020

Date / Time : 15/09/2020

Registered in Merimen: 15/09/2020

Pre-assign / CCU / FTE

Insured Vehicle No. : **SHC 8735A**

Claim No. : **MCT20090185**

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :S$

D.O.A :13/09/2020

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
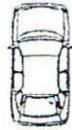
SKZ 2997T → → →

INSRS: WSP: **CHENG HOE** Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time

SKZ 2997T : X
SHC 8735A : CC3/EQI14008102/H1ry3q2 ; DOA : 26/04/2014

Reject Case
By (staff) : Jasper
Approved by : Viv
Date : 02/11/20

02/11/2020

REJECT TP CLAIM

Reject Case

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$ 4,000.00 (6 days) Reduction: 36.39 %		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: $250.00	
Total:	S$	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:		