15/5/2010

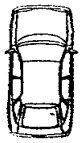
INS. CASE OWNER: CHRIS LIM | CC4/FCI20010222/Uda3 | LKK: IDAC:

ASSIGNMENT

Surveyor: MARCUS DOI: Date / Time : 23/9/2020

Registered in Merimen: ---

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 8386Z Claim No. : D20003817MFSH

Name of Insured : COMFORT TRANSPORTATION PTE LTD Policy No. : D-20094922MFSH

Insured Tel No. : HP: Make / Model :

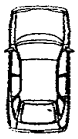
Excess Sec II :S$ D.O.A : 16/09/2020 13:50 Place of Accident : ALONG JURONG WEST STREET 61 (OPP. BLK 624)

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

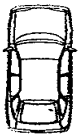
If **NO**, Driver Name / Age : LEE TECK SENG OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

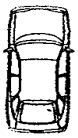
FBP 3078Z → → →



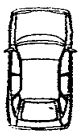
INSRS:
WSP: BAN HOCK HIN CO. PTE LTD
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	FBP 3078Z - X CC3/AIG14000776/H1ry3w2 - 11/01/2014	
	SHC 8386Z - CC3/FCI16000892/Kvbd1 - 11/01/2014	
	CS/FCI16019262/Ugh3m2 - 07/10/2016	

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:	

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$ 5,391.80 (4 days)	Reduction: 42 %	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: WP
Legal Cost	S$		3) Survey fee: $294
Total:	**S$**	**Global Sum S$:**	($170+$50+$74)

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:	