15/5/2010

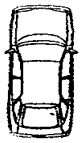
INS. CASE OWNER: VIC | CC4/FCI20010234/Eka3 | LKK: IDAC:

ASSIGNMENT

Surveyor: STEVE DOI: Date / Time : 23/09/2020

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SHD 3169L Claim No. : D20003847MFSH

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

Insured Tel No. : HP: Make / Model :

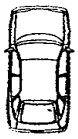
Excess Sec II :S$ D.O.A : 19/09/2020 18:45 Place of Accident : SERANGOON RD X STURDEE RD NTH

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

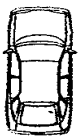
If **NO**, Driver Name / Age : LEE CHI KHIN OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

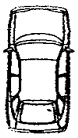
GBJ 4485G → → →



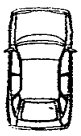
INSRS:
WSP: EFFICIENT MOTOR & ENGINEERING WORKS PTE LTD
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	GBJ 4485G - X	
	SHD 3169L - CC3/AIG11003166/Dn1b3k2 ; 14/02/2011	
	CC3/AIG17011473/M1hb3q2 ; 10/06/2017	
	CC4/AXA10021528/Dq1vk2 ; 24/10/2010	
	CC4/FCI20005981/R1ka3q2 ; 25/05/2020	
	CS/FCI18021890/Usbe2 ; 23/11/2018	
	CS3/FCI19008779/Gcd3s2 ; 13/05/2019	
	NA/INC18021269/h4 ; 23/11/2018	
	NJA/MSI10009550/j1 ; 17/05/2010	
	NS/INC15003279/H1vbd1 ; 23/02/2015	

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:		