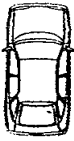|			LKK:
INS. CASE OWNER:	CHRIS LIM	CC4/FCI20010491/da3	IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 30/9/2020

Registered in Merimen: ---_____

Pre-assign / CCU / FTE

Insured Vehicle No. : **SH 9667A**_____ Claim No. : D20003881MFSH_____

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

Insured Tel No. : _____ HP: _____ Make / Model : _____

Excess Sec II :S$ _____ D.O.A : 18/09/2020 08:50 Place of Accident : YISHUN AVE 7 TWDS YISHUN AVE 6

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

If **NO**, Driver Name / Age : _____ OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
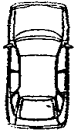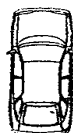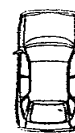
Driver Tel No. : _____ (V/L: YES / NO) Insured Liability : ____% **Final ? Yes / No**

YQ 1638T ———→ _____ ———→ _____ _____ ———→ _____

INSRS:	INSRS:	INSRS:	INSRS:
WSP: CENTRAL	WSP:	WSP:	WSP:
Tel : AUTOMOTIVE	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time		

YQ 1638T - X

SH 9667A - CC3/AIG10012774/Fn1f2k2 - 26/06/2010
CS/FCI16016710/Ath3q2 - 02/09/2016

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$ ____ (____ 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: