15/5/2010

LKK:
IDAC:

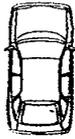INS. CASE OWNER: **VIC** — **CC4/FCI20010862/Eda3**

ASSIGNMENT

Surveyor: **STEVE**   DOI: _____

Date / Time : **08.10.2020**

Registered in Merimen: **08.10.2020**

Pre-assign / CCU / FTE

Insured Vehicle No. : **SHD 3039D**   Claim No. : **D20004073MFSH**

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

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

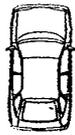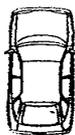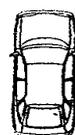**Excess Sec II :S\$**   D.O.A : 06/10/2020 06:50   Place of Accident : WOODLANDS RING ROAD

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**

SHB 8971P ⟶ _____ ⟶ _____ _____ ⟶ _____

INSRS:	INSRS:	INSRS:	INSRS:
WSP: PREMIER	WSP:	WSP:	WSP:
Tel : AUTOMOTIVE	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time			STAGE	DATE / PIC
		SHB 8971P - CC6/III16018388/Uha3s2 - 26/09/2016	Non-Reporting ltr (1st):	
			Non-Reporting ltr (2nd):	
		CS/FCI15019523/Fvbd1 - 01/11/2015	Non-Reporting ltr (Final):	
		SHD 3039D - CS/INC09015816/Ch - 14/07/2009	Notification ltr (if non-pickup):	
		CS/LPC15003891/M1vbd1 - 28/02/2015	Call OI:	
		CS/UOI14001889/H1vu2 - 28/01/2014	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:	