15/5/2010

INS. CASE OWNER:

CC4/FCI20010993/ks3

LKK:

IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 12/10/2020

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : SHD 4947B

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Insured Tel No. : _____ HP: _____

Excess Sec II :S$ _____ D.O.A : 08/10/2020

Is driver the owner? (YES / NO)

If **NO**, Driver Name / Age :

Driver Tel No. : (V/L: YES / NO)

Claim No. : _____

Policy No. : _____

Make / Model : _____

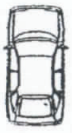
Place of Accident : _____

Nature of Accident : _____

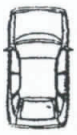
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

YM 706H → _____ → _____ → _____

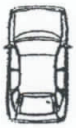


INSRS:
WSP: GOLDBELL
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	YM 706H : SHD 4947B : ~~CC6/CTI20010930/ds3 ; DOA : 08/10/2020~~
9/11/2020 KHANCHNA	FCI REJECTED THE CLAIM ON THEIR OWN. NO SURVEY

Reject Case
By (staff) :
Approved by : YM
Date : 10/11/20

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 ☐ Cal ☐
Final Liability:	%	(Agreed / Assessed) BO N No. :	If NO or B 28, Ass. Lia :
Repair Cost:	S$		
Loss of Rental (LOR):	S$	(d	FCI REJECTED THE CLAIM ON THEIR OWN. NO SURVEY
Loss of Use (LOU):	S$	($ x s)	
Loss of Income (LOI):	S$	($ days)	
LOR only ☐ LOU only ☐	LOR + LOU ☐	+ LO ☐ [Tick only one]	
GIA/LTA Search	S$		
Medical:	S$		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$	Tow/ Independent)	2) Report Format: -
Legal Cost	S$		3) Survey fee: -
Total:	**S$**	**Global Sum S**	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Cal ☐

Payee 1:	S$	Name 1:	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	