15/5/2010

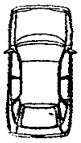
INS. CASE OWNER: Sundari Nagarajan | CC4/III20012100/ba3 | LKK: IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 05/11/2020

Registered in Merimen: 04/11/2020 by wksp

Pre-assign / CCU / FTE



Insured Vehicle No. : SH 9943C | Claim No. : _____

Name of Insured : COMFORT TRANSPORTATION PTE LTD | Policy No. : MCOM0015

Insured Tel No. : _____ HP: _____ | Make / Model : HYUNDAI IONIQ

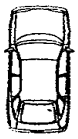
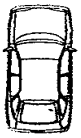
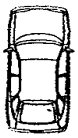
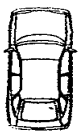
Excess Sec II :S$ _____ D.O.A : 31/10/2020 20:00 | Place of Accident : ALONG EU TONG SENG ST TWDS HILL ST

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

If **NO**, Driver Name / Age : TENG HUA KOON | OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

SLA 2771Y → _____ → _____ → _____

 INSRS: WSP: Progressive Car Care Tel : Liability : RMKS:	 INSRS: WSP: Tel : Liability : RMKS:	 INSRS: WSP: Tel : Liability : RMKS:	 INSRS: WSP: Tel : Liability : RMKS:

Date/ Time		STAGE	DATE / PIC
	SLA 2771Y - X	Non-Reporting ltr (1st):	
	SH 9943C - CC3/III19014220/T1pb3q2 ; 14/08/2019	Non-Reporting ltr (2nd):	
	CC3/LCR18004493/K1wa3s2 ; 06/03/2018	Non-Reporting ltr (Final):	
	NS/INC11003392/Fn ; 21/02/2011	Notification ltr (if non-pickup):	
	NS/INC12007308/H1fn ; 09/04/2012	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:		