

Surveyor:

KENNETH

DOI:

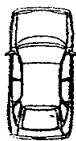
ASSIGNMENT

23/11/2020

Date / Time : 23/11/2020

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SH 8738K

Claim No. : D20004759MFSH

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Policy No. : D-20094922MFSH

Insured Tel No. :

HP:

Make / Model : HYUNDAI I40

Excess Sec II :S\$

D.O.A: 19/11/2020 18:45

Place of Accident : PIE (TUAS)

Is driver the owner? (YES / NO)

Nature of Accident :

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

Driver Tel No. :

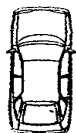
(V/L: YES / NO)

Insured Liability :

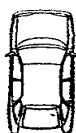
%

Final ? Yes / No

SLP 6695D



INSRS: **Optima**
WSP: **Werkz**
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time				
	SLP 6695D - X		STAGE	DATE / PIC
	SH 8738K - CC3/CAI14016823/H1wy3w2 ; 31/08/2014		Non-Reporting ltr (1st):	
	CC3/FCI14022855/Kqbu2 ; 11/10/2014		Non-Reporting ltr (2nd):	
	CS/FCI16009707/Uqh3c2 ; 23/05/2016		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:	☐
PRELIMINARY ADVICE	Date/Time:	Sent By:	Post-Repair Photos:	☐
			Others:	☐
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:		