15/5/2010

INS. CASE OWNER: CC4/III20013129/ga3

LKK:
IDAC:

ASSIGNMENT

Surveyor: Sun Rin.

DOI: 1/12/2020.

Date / Time : 27.11.2020

Registered in Merimen: 30.11.2020

Pre-assign / CCU / FTE

Insured Vehicle No. : SHC 3351G

Claim No. :

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :S$ D.O.A : 25.11.2020 11:55

Place of Accident : JUNC OF KG KAPOR ROAD & VEERASAMY ROAD

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

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

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

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

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

FBN 9562M → → →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: BAN HOCK	WSP:	WSP:	WSP:
Tel : HIN	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
	FBN 9562M - X
	SHC 3351G - CC3/AXA12002561/H1ec3q2 ; 03/02/2012
	CC3/CAI13019348/Ypb3q2 ; 12/10/2013
	CC4/III16018081/Aua3q2 ; 19/09/2016
	CC4/III20005770/Kga3q2 ; 14/05/2020
	CC6/III16013130/Uua3s2 ; 14/07/2016
	CS/MSG16017729/M1th3e2 ; 19/09/2016
	Reject Case By (staff) : Cecilia Approved by : [illegible] Date : 23/03/21
22/03/2021	REJECTION EMAIL TO TP ON DEC 2020. BOTH PARTIES TRAVEL ON SINGLE LANE ROAD. TP OVERTAKE TP ON THE LEFT. MR YEW TO CHOP + SIGN

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: P/P S$ $1,737.00 (2 days) Reduction: $577.00 % 25 Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: Confirm with Email ☐ Call ☐

Final Liability:	% 0 (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: REJECT
Legal Cost	S$	3) Survey fee: $250.00
Total:	**S$** **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:	