15/5/2010

INS. CASE OWNER: CC4/FCI20014099/Ars3

LKK:

IDAC:

ASSIGNMENT

Surveyor: Adrian DOI: 18/12/2020 Date / Time : 18/12/2020

Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. : SHA2937J Claim No. :

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

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 14/12/2020 Place of Accident :

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**

SJC 280Z → → →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: TRIDENTE	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
	SJC 280Z : X ; SHA2937J : X
18/02/2021	PLEASE REFER TO VIEWS FOR DETAILS
	* SUBMIT WP AS PER FCI INSTRUCTION
18/02/21	TO CLOSE Submit Survey.

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: L/SUM S$ 6,400.00 (7 days) Reduction: 50 % Email ☐ Call ☐

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

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~~ WP
Disbursement:	S$ (e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$	3) Survey fee: $341.00
Total:	**S$** **Global Sum S$:**	$200+$41+$50+$50

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:	