15/5/2010

INS. CASE OWNER: VIC

CC4/FCI20014227/Kra3

LKK:

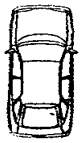
IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 21/12/2020 Date / Time : 21/12/2020

Registered in Merimen: ——

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 2759X Claim No. : D20005199MFSH

Name of Insured : COMFORT TRANSPORTATION PTE LTD Policy No. : D-20094922MFSH

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

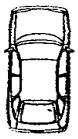
Excess Sec II :S$ D.O.A : 17/12/2020 13:05 Place of Accident : AYE TOWARDS CITY

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

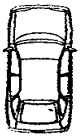
If **NO**, Driver Name / Age : MOHD SINARI BIN ABDUL RAHMAN OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

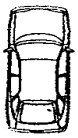
SHC 2759X → SMP 9017E → SMG 2050Y → SLP 4231Y



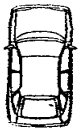
INSRS:
WSP:
Tel :
Liability :
RMKS: OI



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



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SMP 9017E - X	
	SHC 2759X - CC3/AIG10002781/Cb2e2h ; 08/02/201	
	CC3/FCI14000513/Ktm3k3 ; 12/11/2013	
	CC3/LCR17006179/H1eb3q2 ; 24/03/2017	
	CC6/AIG09012422/KDvh ; 03/06/2009	
	NA/RSI09011991/z1 ; 29/05/2009	
	NS/INC17007156/H1vbn2 ; 10/04/2017	

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 ☐ 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:		