15/5/2010

INS. CASE OWNER: CC3/III20014261/Kba3

LKK:

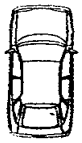
IDAC:

ASSIGNMENT

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

Registered in Merimen: 22/12/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 4414M Claim No. :

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

Insured Tel No. : HP: Make / Model :

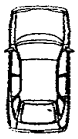
Excess Sec II :S$ D.O.A : 17/12/2020 Place of Accident :

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

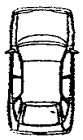
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

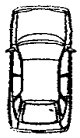
SHD 15S → → →



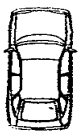
INSRS:
WSP: TRANS-CAB
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SHD 15S - CC3/AIG15007267/K1za3s2 ; 24/04/2015	Non-Reporting ltr (1st):	
	CC3/AIG16022413/Keg3s2 ; 21/11/2016	Non-Reporting ltr (2nd):	
	CC3/AIG17021339/Keb3s2 ; 04/11/2017	Non-Reporting ltr (Final):	
	CC4/AXA16011631/H1hb3q2 ; 22/06/2016	Notification ltr (if non-pickup):	
	CS/FCI11006346/Ufg1 ; 04/04/2011	Call OI:	
	NA/INC08024859/Aw1 ; 01/09/2008	After call ltr to OI:	
	SHA 4414M - CC3/CTI16006825/H1yg3q2 ; 13/04/2016	**Documentation Check List:**	**Handler** **Typist**
	CC3/III17009684/H1ea3q2 ; 15/05/2017	Notification ltr (if non-pickup)	☐ ☐
	NS/INC18011762/K1rbn2 ; 27/06/2018	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:	