

15/5/2010

INS. CASE OWNER:

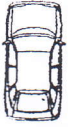
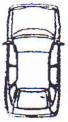
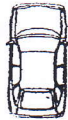
CC4/FCI21003879/Ues3

LKK:

IDAC:

ASSIGNMENTSurveyor: MarcusDOI: 25/03/2021Date / Time : 25/03/2021Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. : SHD 4637XClaim No. : Name of Insured : COMFORT TRANSPORTATION PTE LTDPolicy No. : Insured Tel No. : HP: Make / Model : Excess Sec II : \$ D.O.A : 02/12/2020Place 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 / NODriver Tel No. : (V/L: ☒ YES / NO)Insured Liability : % Final ? Yes / No**GBE 8064M**INSRS:
WSP: LIU'S BROTHER
Tel :
Liability :
RMKS: INSRS:
WSP:
Tel :
Liability :
RMKS: INSRS:
WSP:
Tel :
Liability :
RMKS: INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	GBE 8064M : X	Non-Reporting ltr (1st):	
	SHD 4637X : CS/MSG16018483/H1vbn2 ; DOA : 27/09/2016	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
16/04/2021	FCI REJECT TP CLAIM AS TP CHARGED FOR CARELESS DRIVING	Call OI:	
		After call ltr to OI:	
		Documentation Check List:	Handler Typist
		Notification ltr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
		After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
		PIR:	<input type="checkbox"/> <input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
		LOD	<input type="checkbox"/> <input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
		Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <input type="checkbox"/>

Reject Case
 By (staff) : sher
 Approved by : 41
 Date : 16/04/21

PRELIMINARY ADVICE Date/Time: <u> </u> Sent By: <u> </u>		STAGE: <u> </u> DATE / PIC: <u> </u> Non-Reporting ltr (1st): <u> </u> Non-Reporting ltr (2nd): <u> </u> Non-Reporting ltr (Final): <u> </u> Notification ltr (if non-pickup): <u> </u> Call OI: <u> </u> After call ltr to OI: <u> </u>	
FINALIZATION Date/Time: <u> </u> Confirm with: <u> </u>		Confirm by: <u>CKS</u>	
Repair Cost: <u>L/S</u> \$S <u>2,400.00</u> (<u>4</u> days' Reduction: <u>61</u> %	Email <input type="checkbox"/> Call <input type="checkbox"/>		
FINAL SETTLEMENT Date/Time: <u> </u> Confirm with: <u> </u>		Email <input type="checkbox"/> Call <input type="checkbox"/>	
Final Liability: <u> </u> % (Agreed / Assessed) BOLA S/N No. : <u> </u>	If NO or B 28, Ass. Lia : <u> </u>		
Repair Cost: <u> </u> \$S			
Loss of Rental (LOR): <u> </u> \$S (<u> </u> days)	SURVEY FEE: <u>\$145</u>		
Loss of Use (LOU): <u> </u> \$S (\$ <u> </u> x days)	TRANSPORT: <u>\$100</u>		
Loss of Income (LOI): <u> </u> \$S (\$ <u> </u> x days)	PHOTO : <u>\$35</u>		
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/> [Tick only one]			
GIA/LTA Search: <u> </u> \$S			
Medical: <u> </u> \$S	1) Claim status: <u>Normal</u> / Reject / <u>Private Settle</u>		
Disbursement: <u> </u> \$S (e.g. Tow/ Independent)	2) Report Format: <u>TP/WP</u>		
Legal Cost: <u> </u> \$S	3) Survey fee: <u>\$280</u>		
Total: <u> </u> \$S	Global Sum \$S: <u> </u>		
FINAL PAYMENT Date/Time: <u> </u> Confirm with: <u> </u>		Email <input type="checkbox"/> Call <input type="checkbox"/>	
Payee 1: <u> </u> \$S	Name 1: <u> </u>		
Payee 2: (Strike if N.A.) <u> </u> \$S	Name 2: <u> </u>		
Payee 3: (Strike if N.A.) <u> </u> \$S	Name 3: <u> </u>		