15/5/2010

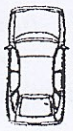
INS. CASE OWNER: CHAN Kian Chuan 68805444 | CC4/ASM21006382/Upa3 | LKK: IDAC: 214588

ASSIGNMENT

Surveyor: MARCUS DOI: 03/06/2021 Date / Time : 03/06/2021

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SH 6610H Claim No. : S1M03B7C

Name of Insured : COMFORT TRANSPORTATION PTE LTD Policy No. : P2426680

Insured Tel No. : HP: Make / Model :

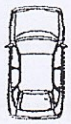
Excess Sec II :S$ D.O.A : 02/06/2021 Place of Accident :

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

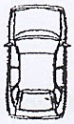
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

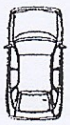
SKB 7799S → → →



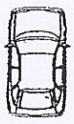
INSRS:
WSP: Fastech
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SKB 7799S - CC4/ASM19021947/Uga3q2 ; 02/12/2019 NBA/AIG21006352/Y; 02/06/2021 SH 6610H - CC3/AXA11013859/H1q1c3q2 ; 09/07/2011 NBA/AIG21006352/Y ; 02/06/2021	**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:	
11/6/2021	Reject TP claim	**Documentation Check List:**	**Handler** / **Typist**
		Notification ltr (if non-pickup)	☐ ☐
		After call ltr to OI:	☐ ☐
		Authorisation To Act:	☐ ☐
		Release Voucher:	☐ ☐
	Reject Case By (staff) : Hsiao Tong Approved by : Yw Date : 15/06/21	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: Y5	S$ 300.00 (2 days) Reduction: 71 %		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 MP
Disbursement:	S$ (e.g. Tow/ Independent)		2) Report Format: TPO
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:	