

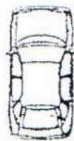
INS. CASE OWNER:

CC4 / III 2000 9892 -1/ Kbs3q2

ASSIGNMENT

Surveyor: KennethDOI: 15/09/2020Date / Time: 15/09/2020Registered in Merimen: 15/09/2020

Pre-assign / CCU / FTE

Insured Vehicle No.: SHC 8735AClaim No.: MCT20090185Name of Insured: COMFORT TRANSPORTATION PTE LTD

Policy No.: _____

Insured Tel No.: _____ HP: _____

Make / Model: _____

Excess Sec II :SS _____ D.O.A: 13/09/2020

Place of Accident: _____

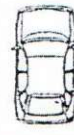
Is driver the owner? (YES / **NO**) Nature of Accident: _____

If NO, Driver Name / Age: _____

OI GIA REPORT: **YES** / NO ; TP GIA REPORT: **YES** / NODriver Tel No.: _____ (V/L: **YES** / NO)

Insured Liability: _____ % Final ? Yes / No

SKZ 2997T

INSRS:
WSP: **CHENG HOE**
Tel: _____
Liability: _____
RMKS: _____INSRS:
WSP: _____
Tel: _____
Liability: _____
RMKS: _____INSRS:
WSP: _____
Tel: _____
Liability: _____
RMKS: _____INSRS:
WSP: _____
Tel: _____
Liability: _____
RMKS: _____

Date/ Time

SKZ 2997T : X

SHC 8735A : CC3/EQ14008102/H1ry3q2 ; DOA : 26/04/2014

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 / GLA :

Medical Bill:

PIR:

Mandate/Reject Instruction:

LOD

Payment Breakdown Form:

Post-Repair Photos:

Others:

Confirm by:

Email ☐ Call ☐Email ☒ Call ☐

If NO or B 28, Ass. Lia :

1) Claim status: Normal **TP** ☒ Private Settle

2) Report Format:

3) Survey fee: **\$350.00 - \$250.00 = \$100.00**1) Claim status: Normal **TP** ☒ Private Settle

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