

15/5/2010

INS. CASE OWNER:

CC4/ASM21009867/gs3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

DOI:

Date / Time : 21/09/2021

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 2522L

Claim No. : _____

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 20/09/2021

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 / NODriver Tel No. : _____ (V/L ☒ YES / NO)

Insured Liability : % Final ? Yes / No

SCP 2020JINSRS:
WSP: CHUAN HO
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SCP 2020J : X		
	SHC 2522L : CC4/III18013883/Ujb3q2 ; DOA : 27/07/2018	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
28/09/21	- CASE CANCEL, TP CHANGE WORKSHOP	Non-Reporting ltr (Final):	
	- NO SURVEY DONE	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:	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	☐	Cal ☐
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 + LC ☐	[Tick only one]		
GIA/LTA Search	S\$					
Medical:	S\$					
Disbursement:	S\$	(e.g. Tow/ Independent)				
Legal Cost	S\$					
Total:	S\$	Global Sum S\$:				
FINAL PAYMENT		Date/Time:	Confirm with:	Email	☐	Cal ☐
Payee 1:	S\$	Name 1:				
Payee 2: (Strike if N.A.)	S\$	Name 2:				
Payee 3: (Strike if N.A.)	S\$	Name 3:				