

15/5/2010

INS. CASE OWNER:

PRIMA

CC 4 / III1801

7688, R, 11674

LKK:

IDAC:

Surveyor:

TASUL

DOI:

ASSIGNMENT

21/07/18

Date / Time:

17/7/18

Registered in Merimen:

27/7/18

Pre-assign / CCU / FTE



Insured Vehicle No.:

SK 715P

Name of Insured:

Comfort Transportation Pte Ltd

Insured Tel No.:

6550 8768

HP:

17/7/18

Excess Sec II : \$S

D.O.A.:

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Lam Li Wei

Driver Tel No.:

8344 6955

(V/L: YES / NO)

Claim No.:

MCT18070779

Policy No.:

MCOM0015

Make / Model:

Hyundai Sonata 2.0L (A)

Place of Accident:

Queensway X Commonwealth Dr.

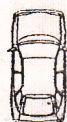
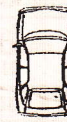
OI GIA REPORT: YES / NO : TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No

SVA 9775H

INSRS:
WSP:
Tel:
Liability:
RMKS:Kah
MotorINSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:

Date / Time	STAGE	DATE / PIC
7/7/18	Non-Reporting ltr (1st):	
	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	
20/07/18	After call ltr to OI:	
	Documentation Check List:	Handler Typist
	Notification ltr (if non-pickup)	☐ ☐
	After call ltr to OI:	☐ ☐
02/08/18	Authorisation To Act:	☒ ☐
	Release Voucher:	☒ ☐
	Final Repair Bill:	☒ ☐
	Car Rental Invoice:	☒ ☐
	Towing Invoice:	☐ ☐
	LTA / GIA:	☐ ☐
	Medical Bill:	☐ ☐
	PIR:	☐ ☐
02/08/19	Mandate/Reject Instruction:	☒ ☐
07/08/19	LOD	☒ ☐
	Payment Breakdown Form:	☐ ☐
14/08/19	Post-Repair Photos:	☐ ☐
	Others:	☐ ☐
PRELIMINARY ADVICE Date/Time: Sent By:		
FINALIZATION Date/Time: Confirm with: Confirm by:		
Repair Cost: P/P	\$S 10,361.02	8 days Reduction: 28 %
Email ☐ Call ☐		
FINAL SETTLEMENT Date/Time: 08/08/19 Confirm with: 28/08/19		
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 28
Repair Cost (w/LOU)	\$S 11,089.50	
Loss of Rental (LOR) (w/LOU)	\$S 962.00	(9 days) x \$100
Loss of Use (LOU):	\$S -	(S x days)
Loss of Income (LOI):	\$S -	(S x days)
LOR only ☒ LOU only ☐	LOR + LOU ☐ LOR + LO ☐	[Tick only one]
GIA/LTA Search	\$S -	
Medical:	\$S -	
Disbursement:	\$S -	(e.g. Tow/Independent)
Legal Cost	\$S -	
Total:	\$S 12,052.50	Global Sum \$S: -
Email ☐ Call ☐		
FINAL PAYMENT Date/Time: Confirm with:		
Payee 1:	\$S 12,052.50	Name 1: KAH MOTOR CO. GEN. MGR
Payee 2: (Strike if N.A.)	\$S -	Name 2: -
Payee 3: (Strike if N.A.)	\$S -	Name 3: -