

INS. CASE OWNER: DANIEL POOI

Gga3
CC6/III19015752/Aga3

LKK:

IDAC:

Surveyor: ADRIAN XGQ DOI: 5/9/19

ASSIGNMENT

Date / Time : 05/09/2019

Registered in Merimen: 05/09/2019

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 2394A

Claim No. : _____

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : HYUNDAI I40

Excess Sec II : \$\$ D.O.A : 26/08/2019 05:55

Place of Accident : HOY FATT ROAD / JALAN BUKIT MERAH

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

If NO, Driver Name / Age : MICHAEL OU CHING CHUEN

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

Driver Tel No. : +65-97213253 (V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SMN 5030C

INSRS:
WSP: GREEN FOREST
Tel : AUTOMOBILE
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SMN 5030C - X	Non-Reporting ltr (1st):	
	SHA 2394A - CC4/III16003011/T1pb3q2; DOA:9/2/19	Non-Reporting ltr (2nd):	
	- CS/III14010152/T1qm3d1; DOA: 26/5/14	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 / 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: L/S	\$S 4200.00 (5 days) Reduction: 6137.01 % 59	Email ☐ Call ☐			
FINAL SETTLEMENT Date/Time: 11/05/2020 Confirm with: CHRIS		Email ☒ Call ☐			
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :			
Repair Cost:	\$S 4494.00 (W/GST)				
Loss of Rental (LOR):	\$S (days)				
Loss of Use (LOU):	\$S 560.00 (\$ 80 x 7 days)				
Loss of Income (LOI):	\$S (\$ x days)				
LOR only ☐ LOU only ☒	LOR + LOU ☐ LOR + LOI ☐ [Tick only one]				
GIA/LTA Search	\$S 7.45				
Medical:	\$S	1) Claim status: ☐ Normal/Reject/Private Settle			
Disbursement:	\$S (e.g. Tow/ Independent)	2) Report Format: TP			
Legal Cost	\$S	3) Survey fee: \$500.00			
Total:	\$S 5061.45	Global Sum \$S: 5000.00			
FINAL PAYMENT Date/Time: _____ Confirm with: _____		Email ☒ Call ☐			
Payee 1:	\$S 5000.00	Name 1: GREEN FOREST AUTOMOBILE PTE LTD			
Payee 2: (Strike if N.A.)	\$S	Name 2:			
Payee 3: (Strike if N.A.)	\$S	Name 3:			