

INS. CASE OWNER: **PRIYA**

CC6/III19019387/Aba3

LKK:
IDAC:

ASSIGNMENT

Surveyor: **ADRIAN**

DOI: **30.10.2019**

Date / Time : **30.10.2019**

Registered in Merimen: **4.11.2019**

Pre-assign / CCU / FTE



Insured Vehicle No. : **SHA 7865A**
 Name of Insured : **COMFORT TRANSPORTATION PTE LTD**
 Insured Tel No. : _____ HP: _____
 Excess Sec II :\$S\$ _____ D.O.A : **30/10/2019 11:00**
 Is driver the owner? (YES / NO) Nature of Accident : _____

Claim No. : **MCT19100710**
 Policy No. : **MCOM0015**
 Make / Model : **HYUNDAI I40**
 Place of Accident : **BEDOK NORTH STREET 1**

If NO, Driver Name / Age : **LEE CHIN KOON**

Driver Tel No. : **+65-97851544** (V/L: YES / NO)

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

Insured Liability : % **Final ? Yes / No**

SKB 1012T



INSRS:
WSP: **NHT**
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
	SHA 7865A - CC4/III19012540/Ugb3q2; DOA: 13.7.19	Non-Reporting ltr (1st):
	- CS3/III17022684/Wbs2; DOA: 24.11.17	Non-Reporting ltr (2nd):
	- CC6/III17022173/Uzb3q2; DOA: 17.11.17	Non-Reporting ltr (Final):
	SKB 1012T - X	Notification ltr (if non-pickup):
		Call OI:
		After call ltr to OI:
		Documentation Check List: Handler Typist
		Notification ltr (if non-pickup) <input type="checkbox"/> <input type="checkbox"/>
		After call ltr to OI: <input type="checkbox"/> <input type="checkbox"/>
		Authorisation To Act: <input checked="" type="checkbox"/> <input type="checkbox"/>
		Release Voucher: <input checked="" type="checkbox"/> <input type="checkbox"/>
		Final Repair Bill: <input checked="" type="checkbox"/> <input type="checkbox"/>
		Car Rental Invoice: <input type="checkbox"/> <input type="checkbox"/>
		Towing Invoice <input type="checkbox"/> <input type="checkbox"/>
		LTA / GIA : <input checked="" type="checkbox"/> <input type="checkbox"/>
		Medical Bill: <input type="checkbox"/> <input type="checkbox"/>
		PIR: <input type="checkbox"/> <input type="checkbox"/>
		Mandate/Reject Instruction: <input checked="" type="checkbox"/> <input type="checkbox"/>
		LOD <input checked="" type="checkbox"/> <input type="checkbox"/>
		Payment Breakdown Form: <input type="checkbox"/> <input type="checkbox"/>
		Post-Repair Photos: <input type="checkbox"/> <input type="checkbox"/>
		Others: <input type="checkbox"/> <input type="checkbox"/>
23/11/2020	SETTLED AND CLOSED / FILE IN DRAWER	

****III instructions to reduce COR from \$19,500.00 to \$16,000.00*****

PRELIMINARY ADVICE	Date/Time:	Sent By:	Confirm with:	Confirm by:
FINALIZATION	Date/Time:	Confirm with:	Confirm by:	Email <input type="checkbox"/> Call <input type="checkbox"/>
Repair Cost: L/S	\$S\$ 16,000.00	(10 days) Reduction: 72 %		
FINAL SETTLEMENT	Date/Time: 20/11/2020	Confirm with SUKYI CHONG	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 9	If NO or B 28, Ass. Lia :	
Repair Cost: (w/GST)	\$S\$ 20,865.00	17,120.00		
Loss of Rental (LOR):	\$S\$ _____	(_____ days)		OID from minor road
Loss of Use (LOU):	\$S\$ 1,440.00	(\$120 x 12 days)		
Loss of Income (LOI):	\$S\$ _____	(\$ _____ x _____ days)		
LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/>	LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/>	[Tick only one]		
GIA/LTA Search	\$S\$ 7.45			
Medical:	\$S\$ _____			1) Claim status: <u>Normal/Reject/Private Settle</u>
Disbursement:	\$S\$ _____	(e.g. Tow/ Independent)		2) Report Format: TP
Legal Cost	\$S\$ _____			3) Survey fee: \$600.00
Total:	\$S\$ 18,567.45	Global Sum S\$: 18,550.00		
FINAL PAYMENT	Date/Time:	Confirm with:	Confirm by:	Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	\$S\$ 18,550.00	Name 1: NEW HOCK TECK MOTOR PTE LTD		
Payee 2: (Strike if N.A.)	\$S\$ _____	Name 2:		
Payee 3: (Strike if N.A.)	\$S\$ _____	Name 3:		