

INS. CASE OWNER:

SHERINI

CC4/III19020513/Kga3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

KENNETH

DOI: 19/11/2019

Date / Time : 19/11/2019

Registered in Merimen: 19/11/2019

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 7642B

Claim No. :

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Policy No. : MCOM0015

Insured Tel No. : HP:

Make / Model : HYUNDAI I40

Excess Sec II : S\$

D.O.A : 14/11/2019 17:20

Place of Accident : MCE TWDS CHANGI AIRPORT.

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

If NO, Driver Name / Age : TAN NGHEE KHING

OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NODriver Tel No. : +65-98300602 (V/L: ☒ YES / NO)

Insured Liability : % Final ? Yes / No

SHA 7642B

SLK 890Y

SMM 470D



INSRS:

WSP:

Tel :

Liability :

RMKS: OI



INSRS:

WSP: ESTEEM

Tel : PML

Liability :

RMKS: TP



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC
SLK 890Y - X	Non-Reporting ltr (1st):	
SHA 7642B - CC3/AIG14013531/H1v1a3q2; DOA: 13.7.14	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 / GIA :	☐ ☐
	Medical Bill:	☐ ☐
	PIR:	☐ ☐
	Mandate/Reject Instruction:	☐ ☐
	LOD	☐ ☐
	Payment Breakdown Form:	☐ ☐
PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos: ☐ ☐
		Others: ☐ ☐
FINALIZATION Date/Time:	Confirm with:	Confirm by:
Repair Cost: P/P S\$ 6985.60 (5 days) Reduction: 9094.30 % 57		Email ☐ Call ☐
FINAL SETTLEMENT Date/Time: 11/05/2020 Confirm with: CARMEN		Email ☒ Call ☐
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 28		If NO or B 28, Ass. Lia : 100%
Repair Cost: S\$ 7474.59 (W/GST)		C.C (OI LAST)
Loss of Rental (LOR): S\$ (days)		
Loss of Use (LOU): S\$ 629.55 (\$ 69.95 x 9 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: \$600.00
Total: S\$ 8111.59 Global Sum S\$: 8100.00		
FINAL PAYMENT Date/Time:	Confirm with:	Email ☒ Call ☐
Payee 1: S\$ 8100.00	Name 1: ESTEEM PERFORMANCE PTE LTD	
Payee 2: (Strike if N.A.) S\$	Name 2:	
Payee 3: (Strike if N.A.) S\$	Name 3:	