

INS. CASE OWNER: Sundari Nagarajan

CC6/III19020583/Upa3

LKK:

IDAC:

## ASSIGNMENT

Surveyor: MARCUS

DOI: 20.11.2019

Date / Time: 20.11.2019

Registered in Merimen: 20.11.2019

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 2243C

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 : 20/11/2019 06:15

Place of Accident : BUKIT PANJANG RD T JUNCTION BANGKIT RD

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

If NO, Driver Name / Age : BOH AH TAH

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

Driver Tel No. : 96419389

(V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SMH 2454P

INSRS:  
WSP: CHOO MOTORTel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time		STAGE	DATE / PIC
	SMH 2454P - X	Non-Reporting ltr (1st):	
	SHA 2243C - CC4/III18006388/Kha3q2; DOA: 30.3.18	Non-Reporting ltr (2nd):	
	- CS/III12015720/R1qn; DOA: 7/8/12	Non-Reporting ltr (Final):	
	- CS/III11020170/Ufk3; DOA: 1.10.11	Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
18/08/2020	Pls refer to VIEWS for details.	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 type="checkbox"/> <input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
		Final Repair Bill:	<input 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 type="checkbox"/> <input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
		PIR:	<input type="checkbox"/> <input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
		LOD	<input 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"/>

PRELIMINARY ADVICE Date/Time:

Sent By:

## FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: L/sum S\$ 20,000.00 ( 15 days) Reduction: 74 % Email ☐ Call ☐FINAL SETTLEMENT Date/Time: 18/08/2020 Confirm with Shi Yiing Email ☒ Call ☐

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 5 If NO or B 28, Ass. Lia :

Repair Cost: S\$ 20,000.00

Loss of Rental (LOR): S\$ 1,400.00 ( 14 days) x \$100.00

Loss of Use (LOU): S\$ (\$ x days)

Loss of Income (LOI): S\$ (\$ x days)

LOR only ☒ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]

GIA/LTA Search S\$ 140.00

Medical: S\$

Disbursement: S\$ 140.00 (e.g. ☒ Tow Independent )

Legal Cost S\$

Total: S\$ 21,540.00 Global Sum S\$: 21,500.00

## FINAL PAYMENT

Date/Time:

Confirm with:

Email ☒ Call ☐

Payee 1: S\$ 21,500.00

Name 1: Choo Motor Spray Painter

Payee 2: (Strike if N.A.) S\$

Name 2:

Payee 3: (Strike if N.A.) S\$

Name 3:

1) Claim status: Normal ☒ ☐

2) Report Format: TP

3) Survey fee: \$600.00