

15/5/2010

INS. CASE OWNER:

PRIYA

CC4/III19020801/Qpa3

LKK:

IDAC:

ASSIGNMENT

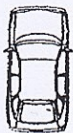
Surveyor: OSP

DOI: 25/11/19 19:40

Date / Time: 25.11.2019

Registered in Merimen: 25.11.2019

Pre-assign / CCU / FTE



Insured Vehicle No. : SHB 4155E

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 22:05

Place of Accident : ALONG ROAD CLEMENTI ROAD LAMP POST 33

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

If NO, Driver Name / Age : LIM CHEE MENG

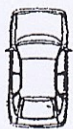
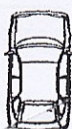
OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NO

Driver Tel No. : +65-91018592

(V/L: ☒ YES / NO)

Insured Liability : % Final ? Yes / No

GBE 1696K

INSRS:
WSP: HUA HONG
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	GBE 1696K - X	Non-Reporting ltr (1st):	
	SHB 4155E - CC3/AIG17002985/H1eg3q2; DOA: 11.2.17	Non-Reporting ltr (2nd):	
	- CC3/III15021518/Khg3q2; DOA: 13.12.15	Non-Reporting ltr (Final):	
	- CC3/AIG14004329/H1ha3s2; DOA: 4.3.14	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:		
FINALIZATION		Date/Time:	Confirm with:	Confirm by:	
Repair Cost:	S\$ 1500.00	(15 days)	Reduction: 43%	Email ☐	Call ☐
FINAL SETTLEMENT		Date/Time: 14/11/2019	Confirm with: Jeneen	Email ☐	Call ☐
Final Liability:	% 50	(Agreed / Assessed) BOLA S/N No. : 111		If No or B 28, Ass. Lia :	
Repair Cost:	S\$ 1890.00				
Loss of Rental (LOR):	S\$ 750.00	(15 days)	X#1W		
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\$ -				
Medical:	S\$ -				
Disbursement:	S\$ 150.00	(e.g. Tow/ Independent)		1) Claim status: Normal/Reject/Private Settle	
Legal Cost	S\$ -			2) Report Format: ☐	
Total:	S\$ 9995.00	Global Sum S\$: 9900.00		3) Survey fee: \$ 60.00	
FINAL PAYMENT		Date/Time:	Confirm with:	Email ☐	Call ☐
Payee 1:	S\$ 9900.00	Name 1:	Hua Hong Pte Ltd		
Payee 2: (Strike if N.A.)	S\$ -	Name 2:			
Payee 3: (Strike if N.A.)	S\$ -	Name 3:			