INS. CASE OWNER: AIDA | CC4/III19020949/ Epa3 9. | LKK: IDAC:

ASSIGNMENT

Surveyor: Steve DOI: 4/12/19 Date / Time: 26.11.2019

Registered in Meritnet: 26.11.2019

Pre-assign / CCU / FTE

Insured Vehicle No. : SHD 3521C

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 22/11/2019 15:15

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

If NO, Driver Name / Age : TAN BENG CHUAN

Driver Tel No. : +65-98638808 (V/L: YES / NO)

Claim No. :

Policy No. : MCOM0015

Make / Model : HYUNDAI I40

Place of Accident : CLEMENCEAU AVE

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

Insured Liability : % Final ? Yes / No

SLD 6138J →

INSRS:
WSP: C & C , PANDAN
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SHD 3521C - CC4/III19011470/Agb3; DOA: 26.6.19 - CC4/AXA17013037/K1ha3q2; DOA: 3.7.17 - CC4/AXA16009713/H1zb3q2; DOA: 20.5.16 SLD 6138J - X	
27/11/19	— pls take note on TP damages.	
26/12/19	— FTE -) type mandate	
20/3/2020	— FTE -) Su Li to send DV	

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
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:		☐
Post-Repair Photos:	☐	☐
Others:	☐	☐

PRELIMINARY ADVICE	Date/Time:	Sent By:	
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost:	S$	(days) Reduction: %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 20/3/2020	Confirm with JUJU	Email ☑ Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 27.	If NO or B 28, Ass. Lia :
Repair Cost: W/GM	S$ 3146.87		
Loss of Rental (LOR): W/GM	S$ 321.00	(3 days) x RM W	
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$ —		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ —	(e.g. Tow/ Independent)	2) Report Format: GM
Legal Cost	S$		3) Survey fee: $ 350.00
Total:	S$ 3467.87	Global Sum S$:	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ 3467.87	Name 1: Cycle & Carriage France Pte Ltd	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	