15/5/2010

INS. CASE OWNER: AIDA | CC4/III19021027/Kpa3 | LKK: IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 29.11.2019 Date / Time : 27.11.2019

Registered in Merimen: 27/11/2019

Pre-assign / CCU / FTE

Insured Vehicle No. : SHA 2311P | Claim No. : MCT19110593

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 : 25/11/19 09:05 | Place of Accident : STEVEN ROAD

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

If **NO**, Driver Name / Age : SIM TECK HOON | OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : +65-94313806 (D/L: YES / NO) Insured Liability : % **Final ? Yes / No**

PC 4788D → → →

INSRS:
WSP: ACCORD AUTO
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	PC 4788D - X SHA 2311P - CC3/TMI12021209/H1y1n; DOA: 31.10.12	
13/04/2020	PLS SEE VIEWS FOR DETAILS	

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: P/P	S$ 1,439.00 (4 days) Reduction: 75 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Call ☐
Final Liability:	% (Agreed / Assessed)	BOLA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost:	S$		
Loss of Rental (LOR):	S$ (days)		
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: [redacted] /WP
Disbursement:	S$	(e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$		3) Survey fee: $250.00
Total:	**S$**	**Global Sum S$:**	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$	Name 1:	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	