

INS. CASE OWNER:

PRIYA

CC6/III19021158/Apa3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

ADRIAN

DOI: 27.11.2019

Date / Time : 27.11.2019

Registered in Merimen: 30.11.2019

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 8045H

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Insured Tel No. : HP: D.O.A : 23.11.2019

Excess Sec II :S\$

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

If NO, Driver Name / Age : PHUA KWEE WAH

Driver Tel No. : +65-83147575 (V/L: YES / NO)

Claim No. :

Policy No. : MCOM0015

Make / Model : MERCEDES-BENZ

Place of Accident : TELOK BLANGAH CRESCENT

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

Insured Liability : % Final ? Yes / No

SGH 7228P

INSRS:
WSP: CHIN MENG

Tel :

Liability :

RMKS:

INSRS:
WSP:

Tel :

Liability :

RMKS:

INSRS:
WSP:

Tel :

Liability :

RMKS:

INSRS:
WSP:

Tel :

Liability :

RMKS:

| Date/ Time | STAGE | DATE / PIC |
|--|---|---------------------------|
| | SHC 8045H - CC3/CTI19001454/K1eb3n2; DOA: 20.1.19 | |
| | - CC3/AIG17015084/K1eb3q2; DOA: 02.08.17 | |
| | SGH 7228P - CS/FCI14002291/Uqm3k3 ; DOA: 04.02.14 | |
| 18/08/2020 | Pls refer to VIEWS for details. | |
| | 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: Confirm by: | | |
| Repair Cost: L/sum S\$ 3,100.00 (5 days) Reduction: 38 % Email <input type="checkbox"/> Call <input type="checkbox"/> | | |
| FINAL SETTLEMENT Date/Time: 18/08/2020 Confirm with Mr Quek Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> | | |
| Final Liability: | % 100 (Agreed / Assessed) BOLA S/N No. : 9 | If NO or B 28, Ass. Lia : |
| Repair Cost: | S\$ 3,100.00 | |
| Loss of Rental (LOR): | S\$ 400.00 (4 days) x \$100.00 | |
| Loss of Use (LOU): | S\$ (\$ x days) | |
| Loss of Income (LOI): | S\$ (\$ x days) | |
| LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one] | | |
| GIA/LTA Search | S\$ | |
| Medical: | S\$ | |
| Disbursement: | S\$ (e.g. Tow/ Independent) | |
| Legal Cost | S\$ | |
| Total: | S\$ 3,500.00 Global Sum S\$: | |
| FINAL PAYMENT Date/Time: Confirm with: Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> | | |
| Payee 1: | S\$ 3,500.00 Name 1: CHIN MENG MOTORS | |
| Payee 2: (Strike if N.A.) | S\$ Name 2: | |
| Payee 3: (Strike if N.A.) | S\$ Name 3: | |