15/5/2010

INS. CASE OWNER: AIDA | CC4/III20000044/Dpa3 | LKK: IDAC:

ASSIGNMENT

Surveyor: BRYAN DOI: 03/01/2020 Date / Time : 02/01/2020

Registered in Merimen: 02/01/2020

Pre-assign / CCU / FTE X

Insured Vehicle No. : SH 7671A Claim No. :

Name of Insured : COMFORT TRANSPORTATION PTE LTD Policy No. : MCOM0015

Insured Tel No. : HP: Make / Model : TOYOTA PRIUS

Excess Sec II :S$ D.O.A : 29/12/2019 04:30 Place of Accident : VICTORIA ST X JUNCTION ROCHOR RD

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

If **NO**, Driver Name / Age : HO JOO SIONG OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : +65-91552354 (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SMF 3884K → → →

INSRS:
WSP: REVOL CARZ
Tel : GARAGE
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SMF 3884K - X SH 7671A - CC3/AIG18010569/K1jb3q2; DOA: 8.6.18 - CC3/III16010494/Kea3q2-1; DOA: 21.05.16 - CC4/III16015714/K1wg3n2; DOA: 20.08.16	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
24/06/2020	PIs refer to VIEWS for details. *TP pass lawyer *Submit WP report to III	**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: L/sum S$ 18,200.00 (10 days) Reduction: 50 % 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$	1) Claim status: [redacted]/WP
Medical:	S$	2) Report Format: TP
Disbursement:	S$ (e.g. Tow/ Independent)	3) Survey fee: $450.00
Legal Cost	S$	
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:	