15/5/2010

INS. CASE OWNER: May Chua | CC3/FCI20000538/Kka3 | LKK:
IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 07/01/2020 Date / Time: 07/01/2020
Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. : SHA 7950L		Claim No. :	
Name of Insured : COMFORT TRANSPORTATION PTE LTD		Policy No. :	
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A : 05/01/2020 16:05	Place of Accident :	
Is driver the owner? (YES / NO)	Nature of Accident :		
If NO, Driver Name / Age :		OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO	
Driver Tel No. :	(V/L: YES / NO)	Insured Liability : %	Final ? Yes / No

SHD 9875S → → →

INSRS: WSP: TRANS-CAB Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time		
	SHD 9875S - CC3/AIG14009556/Kka3q2-1; DOA: 17.5.14	**STAGE** / **DATE / PIC**
	SHA 7950L - CC3/M1170182316/Mhwa3q2; DOA: 18/9/17	Non-Reporting ltr (1st):
	-CS/FCI170180737/Mlgbq2; DOA 18/9/17	Non-Reporting ltr (2nd):
		Non-Reporting ltr (Final):
	Please check ~~xx~~ OW's m status	Notification ltr (if non-pickup):
		Call OI:
		After call ltr to OI:
		Documentation Check List: Handler Typist
22/12/2020 Khoochwa	E-mail sent to close. H/copy in drawer for QA.	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: ☐
PRELIMINARY ADVICE	Date/Time: Sent By:	Post-Repair Photos: ☐ ☐
		Others: ☐ ☐

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: L/S	S$ 5000.00 (5 days) Reduction: 80 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 21/12/2020	Confirm with Wai Ym	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27		If NO or B 28, Ass. Lia :
Repair Cost: MGM	S$ 5350.00		(OID REAR END (P))
Loss of Rental (LOR):	S$ 621.74 (7 days) x $ 88.82		
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:
Legal Cost	S$ –		3) Survey fee: ~~[illegible]~~ $600
Total:	S$ 5971.74	**Global Sum S$:** 5970.00	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 5970.00	Name 1: Trans-cab Auto Services Pte Ltd	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	

QA check on 22/1/2021