INS. CASE OWNER: _Jayson_ | LKK: | IDAC:

CC4/FCI20000688/Kba3Kba3q2

ASSIGNMENT

Surveyor:	**KENNETH**	DOI: 09/01/2020	Date / Time: 08/01/2020
			Registered in Merimen: ____

Pre-assign / CCU / FTE

Insured Vehicle No. :	**SHC 8389R**	Claim No. :	____
Name of Insured :	**COMFORT TRANSPORTATION PTE LTD**	Policy No. :	____
Insured Tel No. :	____ HP: ____	Make / Model :	____
Excess Sec II :S$	D.O.A: 04/01/2020	Place of Accident :	____
Is driver the owner?	(YES / NO)	Nature of Accident :	____

If **NO**, Driver Name / Age : ____
Driver Tel No. : ____ (V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
Insured Liability : ____% **Final ? Yes / No**

SLZ 5942U →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: **CHEW GOON**	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	SLZ 5942U - X	STAGE	DATE / PIC
	SHC 8389R - CS/FCI19012779/T1vf3n2; DOA: 01.07.19	Non-Reporting ltr (1st):	
	- CC3/LCR17008541/H1wb3q2; DOA: 25.4.17	Non-Reporting ltr (2nd):	
	- CS/FCI17011518/Ugh3n2; DOA: 31.5.17	Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	

Documentation Check List: Handler Typist

	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:		

01/03/2021 SETTLED AND CLOSED / FILE IN DRAWER

PRELIMINARY ADVICE Date/Time: ____ Sent By: ____

FINALIZATION Date/Time: ____ Confirm with: ____ Confirm by: ____

Repair Cost: **P/P** S$ 5,397.37 (7 days) Reduction: 29.59 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 22/02/2021 Confirm with KELLY Email ✓ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 01	If NO or B 28, Ass. Lia :
Repair Cost: (W/GST)	S$ 5,775.19	
Loss of Rental (LOR):	S$ 1,000.00 (10 days) X $100.00	OID FROM SLIP ROAD
Loss of Use (LOU):	S$ ($ x days)	
Loss of Income (LOI):	S$ ($ x days)	
LOR only ✓ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]		
GIA/LTA Search	S$ 7.45	
Medical:	S$	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ (e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$	3) Survey fee: $350.00
Total:	S$ 6,782.64 Global Sum S$: 6,700.00	

FINAL PAYMENT Date/Time: ____ Confirm with: ____ Email ☐ Call ☐

Payee 1:	S$ 6,700.00	Name 1: CHEW GOON MOTOR
Payee 2: (Strike if N.A.)	S$	Name 2:
Payee 3: (Strike if N.A.)	S$	Name 3: