15/5/2010

INS. CASE OWNER: AIDA | CC6/ III 20000765/Upa3 | LKK: IDAC:

ASSIGNMENT

Surveyor: MARCUS DOI: 13/01/2020 Date / Time : 13/01/2020

Registered in Merimen: 13/01/2020

Pre-assign / CCU / FTE

Insured Vehicle No. : SH 8531P Claim No. : MCT20010269

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 : 11/01/2020 Place of Accident : PIE TWDS TUAS.

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

If NO, Driver Name / Age : TAY LENG HOCK OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : +65-97532650 (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SJZ 9144D → → →

INSRS: WSP: CHOO MOTOR Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SJZ 9144D - X
	SH 8531P - CC4/ASM18006443/K1pa3q2; DOA: 04.04.18
	- NS/INC16002110/H1th3n2; DOA: 29.01.16
	- CS3/III15020638/T1bc2; DOA: 02.12.15

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: Total Loss S$ 2910.00 (days) Reduction: % Email Call

FINAL SETTLEMENT Date/Time: 18/9/22 Confirm with Shi Ying Email Call

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No.: 28 (3CC 010 (as f)	If NO or B 28, Ass. Lia : 100%
Repair Cost: Total Loss	S$ 2910.00	
Loss of Rental (LOR):	S$ 840.00 (7 days) 7 x $120.00	
Loss of Use (LOU):	S$ — ($ 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$ 120.00 (e.g. Tow/Independent)	2) Report Format:
Legal Cost	S$ —	3) Survey fee: $380.00
Total:	**S$** 3870.00 **Global Sum S$:** 3050.00 (as per 11 mandate)	

FINAL PAYMENT Date/Time: Confirm with: Email Call

Payee 1:	S$ 3050.00	Name 1:	Chw Motor spray Painter
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	