

INS. CASE OWNER:

AIDA

CC6/ III 20000765/Upa3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

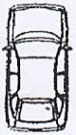
MARCUS

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 : _____

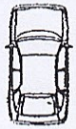
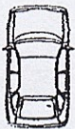
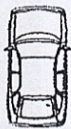
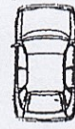
If NO, Driver Name / Age : TAY LENG HOCK

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 MOTORINSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SJZ 9144D - X	Non-Reporting ltr (1st):	
	SH 8531P - CC4/ASM18006443/K1pa3q2; DOA: 04.04.18	Non-Reporting ltr (2nd):	
	- NS/INC16002110/H1th3n2; DOA: 29.01.16	Non-Reporting ltr (Final):	
	- CS3/III15020638/T1bc2; DOA: 02.12.15	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:	
FINALIZATION		Date/Time:	Confirm with:		Confirm by:	
Repair Cost:	Total WSS	S\$ 2910.00	() days	Reduction:	%	Email ☐ Call ☐
FINAL SETTLEMENT		Date/Time:	Confirm with		Email ☐ Call ☐	
Final Liability:	%	100	(Agreed / Assessed)	BOLA S/N No. 28 (3cc 01D 1087)	If NO or B 28, Ass. Lia : 100%	
Repair Cost:	Total WSS	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\$	-				
Disbursement:	S\$	120.00	(e.g. Tow/Independent)		1) Claim status: Normal/Reject/Private Settle	
Legal Cost	S\$	-			2) Report Format:	
Total:	S\$	3870.00	Global Sum S\$:		3050.00 (as per II 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:			