15/5/2010

INS. CASE OWNER: Sherini Pillai | CC4/AIG20001134/Qda3 | LKK: IDAC:

ASSIGNMENT

Surveyor: OI SUN PIN DOI: 20/01/2020 Date / Time : 15/01/2020

Registered in Merimen: 20/01/2020

Pre-assign / CCU / FTE X

Insured Vehicle No. : SJD 8769Z Claim No. :

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

Insured Tel No. : HP: Make / Model : TOYOTA PRIUS HYBRID 4G

Excess Sec II :S$ D.O.A : 13/01/2020 17:45 Place of Accident : YISHUN RING ROAD TWDS YISHUN AVE 2

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

If NO, Driver Name / Age : LIM THYE SING OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : +65-96215443 (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SKW 118T → → →

INSRS:
WSP: TEAMWORK
Tel : GARAGE
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SKW 118T - NA/EQI19001735/z4; DOA: 24.01.19
	SJD 8769Z - NA/AIG19005949/h4; DOA: 03.04.19
	- CC6/AIG16022723/Upb3q2; DOA: 29.11.16

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:	S$	(days) Reduction: %	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$		
Medical:	S$		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$	(e.g. Tow/ Independent)	2) Report Format: Repudiate
Legal Cost	S$		3) Survey fee: $320
Total:	**S$**	**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:	