

INS. CASE OWNER: **Sherini Pillai**

CC3/III20001370/Qka3

LKK:
IDAC:

ASSIGNMENT

Surveyor: **OI SUN PIN**

DOI: **20/01/2020**

Date / Time : **20/01/2020**

Registered in Merimen: **22/01/2020**

Pre-assign / CCU / FTE



Insured Vehicle No. : **SH 6222U**
 Name of Insured : **COMFORT TRANSPORTATION PTE LTD**
 Insured Tel No. : _____ HP: _____
 Excess Sec II :\$S\$ _____ D.O.A: **16/01/2020 01:45**
 Is driver the owner? (YES / NO) Nature of Accident :

Claim No. : _____
 Policy No. : **MCOM0015**
 Make / Model : **HYUNDAI I40**
 Place of Accident : **ALONG GEYLANG RD TOWARDS LOR 3 GEYLANG**

If NO, Driver Name / Age : **PHUA LIAN TIU**
 Driver Tel No. : **+65-97341958** (V/L: YES / NO)

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

SHC 4786D



INSRS:
WSP: **SMRT, WL**
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
	SHC 4786D - NS/INC15008780/K1qbK3; DOA: 24.05.15	
	SH 6222U - CC3/AIG17017366/K1ka3q2; DOA: 04.09.17	
	- CC3/III17017213/R1hb3q2; DOA: 04.09.17	
	- NBA/MSG17013256/J; DOA: 05.07.17	
	- CC4/III17003528/T1ua3q2; DOA: 15.02.17	
28/04/2020	Pls refer to Views for details.	
	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)	<input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/>
	LOD	<input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>
PRELIMINARY ADVICE Date/Time:	Sent By:	
FINALIZATION Date/Time:	Confirm with:	Confirm by:
Repair Cost: L/sum S\$ 4,100.00 (4 days) Reduction: 61 %		Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT Date/Time: 28/04/2020 Confirm with Lee Gek		Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : NIL		If NO or B 28, Ass. Lia :
Repair Cost: S\$ 4,100.00		
Loss of Rental (LOR): S\$ 1,030.41 (9 days)x\$ 114.49		
Loss of Use (LOU): S\$ _____ (\$ x _____ days)		
Loss of Income (LOI): S\$ 360.00 (\$ 40 x 9 days)		
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input checked="" type="checkbox"/> [Tick only one]		
GIA/LTA Search S\$ _____		
Medical: S\$ _____		
Disbursement: S\$ _____ (e.g. Tow/ Independent)		1) Claim status: Normal/Reject/Private Settlement
Legal Cost S\$ _____		2) Report Format: TP
		3) Survey fee: \$500.00
Total: S\$ 5,490.41	Global Sum S\$5,450.00	
FINAL PAYMENT Date/Time:	Confirm with:	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Payee 1: S\$ 5,450.00	Name 1: SMRT Taxis Pte Ltd	
Payee 2: (Strike if N.A.) S\$ _____	Name 2:	
Payee 3: (Strike if N.A.) S\$ _____	Name 3:	