1/1/2010

INS. CASE OWNER: Sundari Nagarajan | CC4/III20001373/Upa3 | LKK: | IDAC:

ASSIGNMENT

Surveyor: MARCUS DOI: 23/01/2020 Date / Time : 22/01/2020

Registered in Merimen: 22/01/2020

Pre-assign / CCU / FTE

Insured Vehicle No. :	SHC 1133H	Claim No. :	
Name of Insured :	COMFORT TRANSPORTATION PTE LTD	Policy No. :	MCOM0015
Insured Tel No. :	HP:	Make / Model :	TOYOTA PRIUS
Excess Sec II :S$	D.O.A : 18/01/2020	Place of Accident :	HOUGANG AVE 3 TWDS HOUGANG AVE 2 AND DEFU AVE
Is driver the owner?	(YES / **NO**)	Nature of Accident :	

If NO, Driver Name / Age : LIM CHEE HWA OI GIA REPORT: **YES** / NO ; TP GIA REPORT: **YES** / NO

Driver Tel No. : +65-96853601 (V/L: YES / NO) Insured Liability : % Final ? Yes / No

SLN 2038M → →

INSRS: AUTOMOBILE WSP: INTEGRATED Tel : MANAGEMENT Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SLN 2038M - X
	SHC 1133H - CC6/III15012740/Uua3n2;DOA : 27.07.15
24/2/20	Fu → typi machin
16/3/2020	[illegible] → [illegible] to send DV
19/3/2020	File pass to mk to close.

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: Email ☐ Call ☐

Repair Cost: L/sum S$ 3,600.00 (4 days) Reduction: 58 %

FINAL SETTLEMENT	Date/Time: 16/3/2020 Confirm with	Email ✓ Call ☐
Final Liability:	% 100 (**Agreed** / **Assessed**) BOLA S/N No. : 17	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 3852.00	COPY SENT 19/3/2020
Loss of Rental (LOR):	S$ – (– days)	
Loss of Use (LOU):	S$ 240.00 ($60 x 4 days)	
Loss of Income (LOI):	S$ – ($ x days)	ATA by [illegible]
LOR only ☐ LOU only ☐	LOR + LOU ☐ LOR + LOI ☐ [Tick only one]	
GIA/LTA Search	S$ 7.45	1) Claim status: **Normal**/Reject/Private Settle
Medical:	S$ –	2) Report Format:
Disbursement:	S$ – (e.g. Tow/ Independent)	3) Survey fee: $350.00
Legal Cost	S$ –	
Total:	S$ 4099.45 Global Sum S$:	

FINAL PAYMENT	Date/Time:	Confirm with: Email ✓ Call ☐
Payee 1:	S$ 4099.45	Name 1: Automobile Integrated Management Pte Ltd
Payee 2: (Strike if N.A.)	S$	Name 2:
Payee 3: (Strike if N.A.)	S$	Name 3: