

INS. CASE OWNER:

JASON TEA

CC4/FCI20001470/R1da3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

RASUL

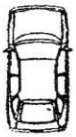
DOI: 03/02/2020

Date / Time: 24/01/2020

Registered in Merimen:

Pre-assign / CCU / FTE

X



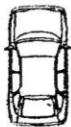
Insured Vehicle No. : **SHA 5759L**
 Name of Insured : **COMFORT TRANSPORTATION PTE LTD**
 Insured Tel No. : _____ HP: _____
 Excess Sec II : \$ _____ D.O.A : **22/01/2020**
 Is driver the owner? (YES / **NO**) Nature of Accident :

Claim No. : **D20000587MFSH**
 Policy No. : **D-20094922MFSH**
 Make / Model : **HYUNDAI I40**
 Place of Accident : **SELETAR WEST LINK TWSD YISHUN AVE 1**

If NO, Driver Name / Age : **LIM LYE CHOON**
 Driver Tel No. : **+65-81004795** (V/L: YES / NO)

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

SLT 6308B



INSRS:
WSP: **CYCLE & CARRIAGE INDUSTRIES**
Tel : _____
Liability: _____
RMKS:



INSRS:
WSP: _____
Tel : _____
Liability: _____
RMKS:



INSRS:
WSP: _____
Tel : _____
Liability: _____
RMKS:



INSRS:
WSP: _____
Tel : _____
Liability: _____
RMKS:

Date/ Time	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\$ 5311.04 (4 days) Reduction: 38 %

Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 13/8/2020 Confirm with Amanda

Email ☒ Call ☐

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27

If NO or B 28, Ass. Lia :

Repair Cost: (w/145) S\$ 5682.81

Loss of Rental (LOR): (w/145) S\$ 327.60 (4 days) x \$140

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\$ - (e.g. Tow/ Independent)

Legal Cost S\$ -

Total: S\$ 6410.41

Global Sum S\$:

Email ☐ Call ☐

FINAL PAYMENT

Date/Time:

Confirm with:

Payee 1: S\$ 6410.41

Name 1: Cycle & Carriage Industrial Pte Ltd

Payee 2: (Strike if N.A.) S\$

Name 2:

Payee 3: (Strike if N.A.) S\$

Name 3: