

INS. CASE OWNER:

JOANNE YONG

CC4/FCI20002567/Qba3q2

## ASSIGNMENT

Surveyor:

089

DOI:

17/1/2020

Date / Time:

13/02/2020

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SHB 6687Z  
 Name of Insured : COMFORT TRANSPORTATION PTE LTD  
 Insured Tel No. : HP: \_\_\_\_\_  
 Excess Sec II : S\$ \_\_\_\_\_ D.O.A : 11/02/2020 17:20  
 Is driver the owner? (YES / NO) Nature of Accident : \_\_\_\_\_  
 If NO, Driver Name / Age : LIEW THONG SOON  
 Driver Tel No. : +65-96807811 (V/L: YES / NO)

Claim No. : D20000963MFSH  
 Policy No. : D-20094922MFSH  
 Make / Model : MERCEDES-BENZ VIANO  
 Place of Accident : ALONG HAVELOCK RD TOWARDS UPPER PICKERING ST  
 OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO  
 Insured Liability : % Final ? Yes / No

SLK 5521E



INSRS:  
WSP: N-51  
Tel: AUTOMOTIVE  
Liability:  
RMKS:



INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:



INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:



INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:

Date/ Time	STAGE	DATE / PIC
	SKQ 5521E - X	
	SHB 6687Z - NS/INC15016687/H1vbn2; DOA: 02.10.15	
	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 checked="" type="checkbox"/>
	Authorisation To Act:	<input checked="" type="checkbox"/>
	Release Voucher:	<input checked="" type="checkbox"/>
	Final Repair Bill:	<input checked="" type="checkbox"/>
	Car Rental Invoice:	<input checked="" type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>
	LTA / GIA :	<input checked="" type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input checked="" type="checkbox"/>
	LOD	<input checked="" type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>

13/01/2021 SETTLED AND CLOSED / FILE IN DRAWER

PRELIMINARY ADVICE		Date/Time:	Sent By:	Confirm with:	Confirm by:
FINALIZATION		Date/Time:	Confirm with:	Confirm by:	Email <input type="checkbox"/> Call <input type="checkbox"/>
Repair Cost:	L/S	S\$ 7,550.00	( 9 days) Reduction: 45 %		Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT		Date/Time: 13/01/2021	Confirm with: MELODY		If NO or B 28, Ass. Lia :
Final Liability:	%	100	(Agreed / Assessed) BOLA S/N No. : 27		
Repair Cost: (W/GST)	S\$	8,078.50			OID rear-ended TP
Loss of Rental (LOR):	S\$	609.50	( 10 days) X \$60.95		
Loss of Use (LOU):	S\$	120.00	(\$ 60 x 2 days)		
Loss of Income (LOI):	S\$		(\$ x days)		
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/>			LOR + LOU <input checked="" type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]		
GIA/LTA Search	S\$	7.45			1) Claim status: Normal/Reject/Private Settle
Medical:	S\$				2) Report Format: TP
Disbursement:	S\$		(e.g. Tow/ Independent)		3) Survey fee: \$500.00
Legal Cost	S\$				
Total:	S\$	8,815.45	Global Sum S\$: 8,700.00		Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL PAYMENT		Date/Time:	Confirm with:		
Payee 1:	S\$	8,700.00	Name 1: N-51 AUTOMOTIVE PTE LTD		
Payee 2: (Strike if N.A.)	S\$		Name 2:		
Payee 3: (Strike if N.A.)	S\$		Name 3:		