

INS. CASE OWNER: **PRIYA**

CC4/III20002800/R1pa3

LKK:
IDAC:

ASSIGNMENT

Surveyor: **RASUL**

DOI: **18/02/2020**

Date / Time : **18/02/2020**

Registered in Merimen: **19/02/2020**

Pre-assign / CCU / FTE



Insured Vehicle No. : **SHD 3165Y**
 Name of Insured : **COMFORT TRANSPORTATION PTE LTD**
 Insured Tel No. : _____ HP: _____
 Excess Sec II :S\$ _____ D.O.A : **10/12/2019 22:30**
 Is driver the owner? (YES / NO) Nature of Accident : _____

Claim No. : _____
 Policy No. : **MCOM0015**
 Make / Model : **HYUNDAI I40**
 Place of Accident : **SIGLAP RD TWDS UPP EAST RD**

X

If NO, Driver Name / Age : **CHIN YONG KIAT**

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : **+65-84444979** (V/L: YES / NO)

Insured Liability : % Final ? Yes / No

FBQ 4148T



INSRS: _____
 WSP: **HUP HIN**
 Tel : _____
 Liability : _____
 RMKS: _____



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



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



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

Date/ Time	STAGE	DATE / PIC
	FBQ 4148T - NBA/INC19022338/r3 ; 10.12.19	
	SHD 3165Y - CS/MSG17022091/K1gbn2 ; 15/11/2017	
	NBA/INC19022338/r3 ; 10/12/2019	
30/06/2020	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"/> <input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
	PIR:	<input type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
	LOD	<input type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>

PRELIMINARY ADVICE	Date/Time:	Sent By:	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
			Others:	<input type="checkbox"/> <input type="checkbox"/>
FINALIZATION	Date/Time:	Confirm with:	Confirm by:	
Repair Cost P/P	S\$ 1,082.00	(3 days) Reduction: 18 %	Email <input type="checkbox"/> Call <input type="checkbox"/>	
FINAL SETTLEMENT	Date/Time: 30/06/2020	Confirm with: Mandy	Email <input 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\$ 1,082.00			
Loss of Rental (LOR):	S\$ _____	(_____ days)		
Loss of Use (LOU):	S\$ 75.00	(\$25 x 3 days)		
Loss of Income (LOI):	S\$ _____	(\$ x _____ days)		
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/>	[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:	
Legal Cost	S\$ _____		3) Survey fee:	
Total:	S\$ 1,157.00	Global Sum S\$:		
FINAL PAYMENT	Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>	
Payee 1:	S\$ 1,157.00	Name 1: Hup Hin		
Payee 2: (Strike if N.A.)	S\$ _____	Name 2:		
Payee 3: (Strike if N.A.)	S\$ _____	Name 3:		