15/5/2010

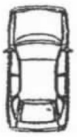
INS. CASE OWNER: PRIYA | CC6/III20003240/Upa3 | LKK: IDAC:

ASSIGNMENT

Surveyor: MARCUS DOI: 04/03/2020 Date / Time : 26/02/2020

Registered in Merimen: 26/02/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SHD 3135J Claim No. : MCT20020382

Name of Insured : COMFORT TRANSPORTATION PTE LTD Policy No. : MCOM0015

Insured Tel No. : HP: Make / Model : HYUNDAI I40

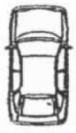
Excess Sec II :S$ D.O.A : 18/2/2020 07:45 Place of Accident : BEDOK NORTH TWDS UPP CHANGI RD

Is driver the owner? (YES / NO) Nature of Accident :

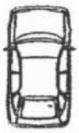
If NO, Driver Name / Age : SA'AT BIN SULAIMAN OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : +65-82659209 (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

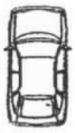
CB 6478U → → →



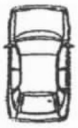
INSRS:
WSP: HOCK WAH
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	CB 6478U - X SHD 3135J - CC3/III18003213/Kja3q2; 13.2.18
17/07/2020	Pls refer to VIEWS for details.

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: L/sum	S$ 3,650.00 (3 days) Reduction: 71 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 17/07/2020	Confirm with Anysia	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 3,905.50		
Loss of Rental (LOR):	S$ (days)		
Loss of Use (LOU):	S$ 360.00 ($120 x 3 days)		
Loss of Income (LOI):	S$ ($ x days)		
LOR only ☐ LOU only ☑ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
GIA/LTA Search	S$		
Medical:	S$		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ (e.g. Tow/ Independent)		2) Report Format: TP
Legal Cost	S$		3) Survey fee: $500.00
Total:	S$ 4,265.50	**Global Sum S$:**	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ 4,265.50	Name 1: Hock Wah Motor Workshop Pte Ltd	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	