

INS. CASE OWNER:

CC3 / III 2000 3295 / R1ps3

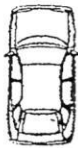
LKK:

IDAC:

ASSIGNMENT

Surveyor: RASULDOI: 07/07/2020Date / Time: 07/02/2020Registered in Merimen: 07/02/2020

Pre-assign / CCU / FTE

Insured Vehicle No. : SH 7942T

Claim No. : _____

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ D.O.A : 23/02/2020

Place of Accident : _____

Is driver the owner? (YES / ☒ NO)

Nature of Accident : _____

If NO, Driver Name / Age : _____

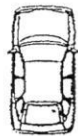
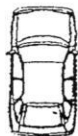
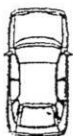
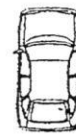
OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NO

Driver Tel No. : _____

(V/L: ☒ YES / NO)

Insured Liability : _____ % Final ? Yes / No

SMK 9145U

INSRS:
WSP:
Tel : PERFORMANCE
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
	SMK 9145U : CC3/AIG19011620/T1ka3q2 ; DOA : 30/06/2019	
	SH 7942T : NS/INC19018116/Fqf3e2 ; DOA : 12/10/2019	
03/08/2020	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)	☐
	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:
Repair Cost: P/P	\$5,800.50	(3 days) Reduction: 13 %
FINAL SETTLEMENT	Date/Time: 03/08/2020	Confirm with Caroline
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 27
Repair Cost: W/GST	\$6,206.54	
Loss of Rental (LOR):	\$ (days)	
Loss of Use (LOU):	\$180.00 (\$60 x 3 days)	
Loss of Income (LOI):	\$ (\$ x days)	
LOR only ☐ LOU only ☒	LOR + LOU ☐ LOR + LOI ☐ [Tick only one]	
GIA/LTA Search	\$	
Medical:	\$	
Disbursement:	\$ (e.g. Tow/ Independent)	
Legal Cost	\$	
Total:	\$6,386.54	Global Sum \$:
FINAL PAYMENT	Date/Time:	Confirm with:
Payee 1:	\$6,386.54	Name 1: Performance Motors Limited
Payee 2: (Strike if N.A.)	\$	Name 2:
Payee 3: (Strike if N.A.)	\$	Name 3: