15/5/2010

INS. CASE OWNER: SUNDARI | CC3/III20003339/Kpa3 | LKK: IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 27/02/2020 Date / Time : 27/02/2020
Registered in Merimen: 28/02/2020

Pre-assign / CCU / FTE

Insured Vehicle No. : SH 8603R
Name of Insured : COMFORT TRANSPORTATION PTE LTD
Insured Tel No. : HP:
Excess Sec II :S$ D.O.A : 26/02/2020 00:35
Is driver the owner? (YES / NO)
If NO, Driver Name / Age : ON GEOK HEE
Driver Tel No. : +65-94568603 (V/L: YES / NO)

Claim No. :
Policy No. : MCOM0015
Make / Model : TOYOTA PRIUS
Place of Accident : SLE > LENTOR
Nature of Accident :
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
Insured Liability : % **Final ? Yes / No**

SHC 5804D → → →

INSRS:
WSP: TRANS-CAB
Tel : AUTO
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SH 8603R - CC4/AXA16010688/M1wa3s2 ; 06.07.16	Non-Reporting ltr (1st):	
	CC4/III20000118/R1gs3 ; 30.12.19	Non-Reporting ltr (2nd):	
	NS/INC17007392/H1gh3m2 ; 12.4.17	Non-Reporting ltr (Final):	
	SHC 5804D - CC3/EQI14000862/Kya3q2-1 ; 12.01.14	Notification ltr (if non-pickup):	
	CC3/FCI13002647/Ky1u2 ; 09.01.13	Call OI:	
	CC6/AXA16003502/Kza3s2 ; 20.2.16	After call ltr to OI:	
	CS/FCI18011467/Krd3e2 ; 21.6.18	**Documentation Check List:**	**Handler** **Typist**
	CS/FCI19010472/Kvd3n2 ; 10.6.19	Notification ltr (if non-pickup)	☐ ☐
11/05/2020	Pls refer to Views for details.	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$ 3,200.00 (4 days) Reduction: 92 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time 11/05/2020	Confirm with Wai Yin	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 3,424.00		
Loss of Rental (LOR):	S$ 484.95 (5 days) x S$96.99		
Loss of Use (LOU):	S$ ($ 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$		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ (e.g. Tow/ Independent)		2) Report Format: TP
Legal Cost	S$		3) Survey fee: $600.00
Total:	S$ 3,908.95	**Global Sum S$:** 3,900.00	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ 3,900.00	Name 1: Trans-cab Auto Services Pte Ltd	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	