

INS. CASE OWNER:

KAREN TAN

CC4/FCI20003357/Aba3

LKK:

IDAC:

ASSIGNMENT

Aba3s2

Surveyor:

ADRIAN

DOI: 28/02/2020

Date / Time : 28/02/2020

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 8906Z

Claim No. : _____

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : S\$ _____ D.O.A : 26/02/2020 13:30

Place of Accident : CHUA CHU KANG DRIVE

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

SLW 4061J

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

Date/ Time	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)	<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 checked="" 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:

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: L/S	S\$ 4,000.00 (6 days) Reduction: 37.37 %		Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>

FINAL SETTLEMENT	Date/Time: 13/01/2021	Confirm with: MELODY	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL		
Repair Cost: (W/GST)	S\$ 4,280.00		
Loss of Rental (LOR):	S\$ 615.65 (7 days) x \$87.95		
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		
Medical:	S\$		
Disbursement:	S\$ (e.g. Tow/ Independent)		
Legal Cost	S\$		
Total:	S\$ 5,023.10 Global Sum S\$: 4,900.00		

FINAL PAYMENT	Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	S\$ 4,900.00	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:	