15/5/2010

INS. CASE OWNER: CC3/III20003567/Kpa3

LKK:
IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 03/03/2020 Date / Time : 03/03/2020
Registered in Merimen: 04/03/2020

Pre-assign / CCU / FTE

Insured Vehicle No. : SHB 6202P
Name of Insured : COMFORT TRANSPORTATION PTE LTD
Insured Tel No. : HP:
Excess Sec II :S$ D.O.A : 25/02/2020 23:00
Is driver the owner? (YES / NO)
If NO, Driver Name / Age :
Driver Tel No. : (V/L: YES / NO)

Claim No. :
Policy No. :
Make / Model :
Place of Accident : PIE > JURONG
Nature of Accident :
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
Insured Liability : % **Final ? Yes / No**

SJE 5923J	SHD 899T	SHB 6202P	SHD 55B
INSRS:	INSRS:	INSRS:	INSRS:
WSP:	WSP:	WSP:	WSP: TRANS-CAB
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS: OI	RMKS: TP

Date/ Time		STAGE	DATE / PIC
	SHD 55B - CC3/III16024792/Keb3q2 ; 23/12/2016	Non-Reporting ltr (1st):	
	CC3/LCR17021335/Kkb3s2 ; 05/11/17	Non-Reporting ltr (2nd):	
	CC4/AIG09004855/DDvn ; 04/03/2009	Non-Reporting ltr (Final):	
	NA/MSG18020554/z4 ; 12/11/2018	Notification ltr (if non-pickup):	
	SHB 6202P- CC3/AIG12015756/H1b1t2y ; 11/08/12	Call OI:	
	CC3/III19009991/Kgs3q2 ; 01/06/2019	After call ltr to OI:	
	NA/INC18020392/Y ; 09/11/2018	**Documentation Check List:**	**Handler** **Typist**
	NS/INC14006996/Scbu2 ;13/04/2014	Notification ltr (if non-pickup)	
		After call ltr to OI:	
06/05/2020	PIs refer to Views for details.	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$ 2,150.00 (2 days) Reduction: 94 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 06/05/2020 Confirm with Jasmine Email ☑ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 28	If NO or B 28, Ass. Lia :	0
Repair Cost: w/GST	S$ 2,300.50		
Loss of Rental (LOR):	S$ 297.39 (3 days) x $99.13		
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ 120.00 ($ 40 x 3 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:	$600.00
Total:	S$ 2,717.89 **Global Sum S$:**		

FINAL PAYMENT Date/Time: Confirm with: Email ☑ Call ☐

Payee 1:	S$ 2,717.89	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:	