

INS. CASE OWNER: **JASON TEA**

CC4/FCI20003819/Aea3

LKK:

IDAC:

ASSIGNMENT

Surveyor: **ADRIAN**

DOI: **10/03/2020**

Date / Time : **10/03/2020**

Registered in Merimen: **---**

Pre-assign / CCU / FTE



Insured Vehicle No. : **SHB 4429R**
 Name of Insured : **COMFORT TRANSPORTATION PTE LTD**
 Insured Tel No. : _____ HP: _____
 Excess Sec II :S\$ _____ D.O.A : **06/03/2020 19:30**
 Is driver the owner? (YES / NO) Nature of Accident :

Claim No. : **D20001369MFSH** X
 Policy No. : **D-20094922MFSH**
 Make / Model : **HYUNDAI I40**
 Place of Accident : **ALONG PIE TOWARDS ADAM RD**

If NO, Driver Name / Age : **LEBIN BIN ABU**
 Driver Tel No. : **+65-91649103** (V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
 Insured Liability : % **Final ? Yes / No**

SLD 1454D



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



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
SLD 1454D - X	Non-Reporting ltr (1st):	
SHB 4429R - CC3/AIG10016458/Dn1k2 ; 17/08/2010	Non-Reporting ltr (2nd):	
CC3/QBE17017234/K1zb3n2 ; 03/09/2017	Non-Reporting ltr (Final):	
CS/EQ112018354/H1qn ; 19/09/2012	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"/> <input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
	PIR:	<input type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
	LOD	<input type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____		
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: LWP		
Repair Cost: L/S S\$ 3,700.00 (6 days) Reduction: 48 % Email <input type="checkbox"/> Call <input type="checkbox"/>		
FINAL SETTLEMENT Date/Time: 15.10.20 Confirm with MELODY Email <input type="checkbox"/> Call <input type="checkbox"/>		
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27 If NO or B 28, Ass. Lia : OID REAR ENDED TP		
Repair Cost: w/GST S\$ 3,959.00		
Loss of Rental (LOR)w/GST S\$ 749.00 (7 days) X \$100		
Loss of Use (LOU): S\$ - (\$ x days)		
Loss of Income (LOI): S\$ - (\$ x days)		
LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]		
GIA/LTA Search S\$ 7.45		
Medical: S\$ -		
Disbursement: S\$ 100.00 (e.g. Tow/ independent)		
Legal Cost S\$ -		
Total: S\$ 4,815.45 Global Sum S\$:		
FINAL PAYMENT Date/Time: 15.10.20 Confirm with: MELODY Email <input type="checkbox"/> Call <input type="checkbox"/>		
Payee 1: S\$ 4,815.45 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:		