

INS. CASE OWNER:

CC4/FCI20004553/Sha3

## ASSIGNMENT

Surveyor: MARCUSDOI: 26/03/2020Date / Time : 26/03/2020

Registered in Merimen: \_\_\_\_\_

Pre-assign / CCU / FTE

Insured Vehicle No. : SHA 7997CClaim No. : D20001604MFSHName of Insured : COMFORT TRANSPORTATION PTE LTDPolicy No. : D-20094922MFSH

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : TOYOTA PRIUS

Excess Sec II :S\$ \_\_\_\_\_

D.O.A : 19/03/2020Place of Accident : PAYA LEBAR RDIs driver the owner? ( YES / ☒ NO )

Nature of Accident : \_\_\_\_\_

If NO, Driver Name / Age : LIEW LAI YET

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

Driver Tel No. : 93520031

(V/L: YES / NO )

Insured Liability : % Final ? Yes / No

GBB 1219X

INSRS:  
WSP:  
Tel : LIU'S BROTHER  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time		STAGE	DATE / PIC
	GBB 1219X - CS/MSG18019953/UXX 25/10/2018	Non-Reporting ltr (1st):	
	SHA 7997C -CC3/AIG11006919/H1n1a3y 13/04/2011	Non-Reporting ltr (2nd):	
	CC3/AIG12008458/H1b1a3q2 25/04/2012	Non-Reporting ltr (Final):	
	CC4/ASM18002139/K1ua3q2 02/02/2018	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 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 type="checkbox"/>
		Towing Invoice	<input type="checkbox"/>
		LTA / GIA :	<input checked="" type="checkbox"/>
		Medical Bill:	<input type="checkbox"/>
		PIR:	<input 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"/>

05/11/2020 SETTLED AND CLOSED / FILE IN DRAWER

<b>PRELIMINARY ADVICE</b> Date/Time: _____ Sent By: _____		Confirm by: _____	
<b>FINALIZATION</b> Date/Time: _____ Confirm with: _____	Confirm by: _____		
Repair Cost: <u>L/S</u> S\$ <u>4,700.00</u> ( <u>5</u> days) Reduction: <u>57.35</u> %	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>		
<b>FINAL SETTLEMENT</b> Date/Time: <u>31/10/2020</u> Confirm with: <u>SUSAN</u>	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>		
Final Liability: % <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>27</u>	If NO or B 28, Ass. Lia : _____		
Repair Cost: S\$ <u>4,700.00</u>	OID rear-ended TP		
Loss of Rental (LOR): S\$ _____ ( _____ days)			
Loss of Use (LOU): S\$ <u>400.00</u> (\$ <u>80</u> x <u>5</u> days)			
Loss of Income (LOI): S\$ _____ (\$ _____ x _____ days)			
LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]			
GIA/LTA Search S\$ <u>7.45</u>			
Medical: S\$ _____	1) Claim status: Normal/Reject/Private Settle		
Disbursement: S\$ _____ (e.g. Tow/ Independent )	2) Report Format: _____		
Legal Cost S\$ _____	3) Survey fee: _____		
<b>Total:</b> S\$ <u>5,107.45</u>	<b>Global Sum S\$:</b> _____		
<b>FINAL PAYMENT</b> Date/Time: _____ Confirm with: _____	Email <input type="checkbox"/> Call <input type="checkbox"/>		
Payee 1: S\$ <u>5,107.45</u>	Name 1: <u>LIU'S BROTHER AUTO ENGINEERING WORKSHOP</u>		
Payee 2: (Strike if N.A.) S\$ _____	Name 2: _____		
Payee 3: (Strike if N.A.) S\$ _____	Name 3: _____		