

INS. CASE OWNER:

CC 3 / III 2000 4747 / T1 ds3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

Taufikh

DOI:

03/04/2020

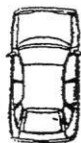
Date / Time:

31/3/2020

Registered in Merimen:

1/4/2020

Pre-assign / CCU / FTE



Insured Vehicle No.:

SHD 3673Y

Claim No.:

Name of Insured:

Comfort Transportation Pte Ltd

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :S\$

D.O.A: 31/3/2020

Place of Accident:

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

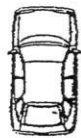
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No

SLW 9292B



INSRS:

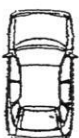
WSP:

Tel:

Liability:

RMKS:

Performance



INSRS:

WSP:

Tel:

Liability:

RMKS:



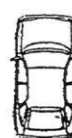
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

SLW9292B: X
SHD3673Y: CC3/1615015922/Hipg3nd; DOA: 19/9/15

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)

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:

S\$ 17,461.80

(9 days)

Reduction: 40

%

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time: 06/08/2020

Confirm with Caroline

Email ☒ Call ☐

Final Liability:

% 100

(Agreed / Assessed) BOLA S/N No.: 27

If NO or B 28, Ass. Lia:

Repair Cost: (w/GST)

S\$ 18,684.13

Loss of Rental (LOR):

S\$ -

(days)

Loss of Use (LOU):

S\$ 960.00

(\$ 120 x 8 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\$ -

Disbursement:

S\$ -

(e.g. Tow/Independent)

Legal Cost

S\$ -

1) Claim status: Normal/Reject/Partial/Other

2) Report Format: TP

3) Survey fee: \$600

Total:

S\$ 19,644.13

Global Sum S\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1:

S\$ 19,644.13

Name 1:

Performance Motors Limited

Payee 2: (Strike if N.A.)

S\$

Name 2:

Payee 3: (Strike if N.A.)

S\$

Name 3: