			LKK:
INS. CASE OWNER: **Sherini Pillai**	**CC4/III20006165/Apa3**		IDAC:

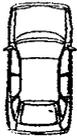## ASSIGNMENT

Surveyor: **ADRIAN** DOI: 09.06.2020   Date / Time : 09.06.2020

Registered in Merimen: 09.06.2020

Pre-assign / CCU / FTE

|		
Insured Vehicle No. : **SH 8592M**	Claim No. : **MCT20060059**
Name of Insured : COMFORT TRANSPORTATION PTE LTD	Policy No. : **MCOM0015**
Insured Tel No. : HP:	Make / Model : **HYUNDAI I40**
Excess Sec II :S$ D.O.A : 07/06/2020	Place of Accident : BIDADARI PARK DR >> UPP SERANGOON RD
Is driver the owner? (YES / **NO**) Nature of Accident :	

If **NO**, Driver Name / Age : **TAY SIAK CHUA**   OI GIA REPORT: **YES** / NO ; TP GIA REPORT: **YES** / NO

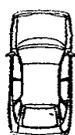Driver Tel No. : **+65-90293600**   (V/L: **YES** / NO)   Insured Liability : % **Final ? Yes / No**

GBF 6665L →
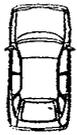
INSRS:
WSP: **N-51**
Tel : **AUTOMOTIVE**
Liability :
RMKS:
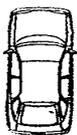
INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	GBF 6665L - NA/LPC20005283/r3 ; 17.04.2020	
	SH 8592M - CC4/III20002706/R1pa3q2 ; 12/02/2020	
	- NA/INC10025520/w1 ; 18/12/2010	

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$ (days) Reduction: % Email Call

FINAL SETTLEMENT Date/Time: Confirm with Email Call

		If NO or B 28, Ass. Lia :
Final Liability: % (Agreed / Assessed) BOLA S/N No. :		
Repair Cost: S$		
Loss of Rental (LOR): S$ (days)		
Loss of Use (LOU): S$ ($ x 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$	1) Claim status: Normal/Reject/Private Settle
Disbursement: S$ (e.g. Tow/ Independent)	2) Report Format:
Legal Cost S$	3) Survey fee:
**Total: S$** Global Sum S$:	

FINAL PAYMENT Date/Time: Confirm with: Email Call

Payee 1: S$	Name 1:
Payee 2: (Strike if N.A.) S$	Name 2:
Payee 3: (Strike if N.A.) S$	Name 3: