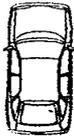|		
INS. CASE OWNER:	**CC4/III20006274/Uga3**	LKK:
		IDAC:

ASSIGNMENT

Surveyor: **MARCUS**   DOI: 09/06/2020   Date / Time : 04.06.2020

Registered in Merimen: 05.06.2020

Pre-assign / CCU / FTE

Insured Vehicle No. :	**SHD 3854S**	Claim No. :	MCT20060028
Name of Insured :	COMFORT TRANSPORTATION PTE LTD	Policy No. :	MCOM0015
Insured Tel No. :	HP:	Make / Model :	TOYOTA PRIUS
Excess Sec II :S$	D.O.A : 03/06/2020 12:50	Place of Accident :	SERANGOON ROAD TWDS UPP SERANGOON ROAD

Is driver the owner?   (YES / **NO**)   Nature of Accident :

If **NO**, Driver Name / Age : NG YONG SHEN

Driver Tel No. : +65-96215740   (V/L: **YES** / NO)

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

Insured Liability :   %   **Final ? Yes / No**

SJP 3222D →   →   →
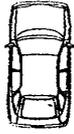
INSRS: WSP: **Nineteen** Tel : **Autowerks** Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	SJP 3222D - X	STAGE	DATE / PIC
	SHD3 854S -CC3/AIG14012026/H1pa3u2 ; 23/06/2014	Non-Reporting ltr (1st):	
	CC4/III19003961/Apa3q2 ; 01/03/2019	Non-Reporting ltr (2nd):	
	CS/AWA19005047/K1sd3n2 ; 14/03/2019	Non-Reporting ltr (Final):	
	NA/INC12022017/s2 ; 08/11/2012	Notification ltr (if non-pickup):	
	NBA/INC15022182/Y ; 23/12/2015	Call OI:	
	NS/INC12021846/H1b2d1 ; 08/11/2012	After call ltr to OI:	
	NS/INC15022135/H1qh3n2 ; 23/12/2015	**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:	

PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos:	
		Others:	

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost:	S$ (days) Reduction: %		Email Call

FINAL SETTLEMENT	Date/Time:	Confirm with	Email Call
Final Liability:	% (Agreed / Assessed) BOLA S/N No. :		If NO or B 28, Ass. Lia :
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:	