			LKK:
INS. CASE OWNER:	**Sherini Pillai**	**CC6/III20006321/Kpa3**	IDAC:

ASSIGNMENT

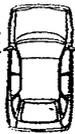|				
Surveyor:	**KENNETH**	DOI: **17/06/2020**	Date / Time :	**16.06.2020**
			Registered in Merimen:	**16.06.2020**

Pre-assign / CCU / FTE

Insured Vehicle No. :	**SHC 8852U**	Claim No. :	
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 : **13.06.2020**	Place of Accident :	**ALONG HOUGANG AVE 8**

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

If **NO**, Driver Name / Age : **LEK SENG CHYE**   OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : **+65-91811629**   (V/L: YES / NO)   Insured Liability : % **Final ? Yes / No**
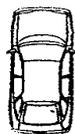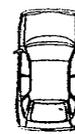
SKH 2785H →   →   →
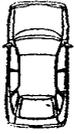
INSRS:	INSRS:	INSRS:	INSRS:
WSP: **JA AUTOCARE**	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time		STAGE	DATE / PIC
	SKH 2785H - X		
	SHC 8852U - NS/INC17000104/H1qh3s4 ; 30.12.2016	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
17/08/2020	Pls refer to VIEWS for details.	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: **L/sum** S$ **2,800.00** (**9** days) Reduction: **82** %   Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: **17/08/2020** Confirm with **Jenny**   Email ☑ Call ☐

Final Liability:	% **100** (Agreed / Assessed) BOLA S/N No. : **27**	If NO or B 28, Ass. Lia :	
Repair Cost:	S$ **2,800.00**		
Loss of Rental (LOR):	S$ **900.00** (**9** days) **x $100.00**		
Loss of Use (LOU):	S$ ($ 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: **TP**	
Legal Cost	S$	3) Survey fee: **$600.00**	
Total:	S$ **3,700.00** Global Sum S$:		

FINAL PAYMENT Date/Time: Confirm with: Email ☑ Call ☐

Payee 1:	S$ **3,700.00**	Name 1: **JA Autocare Pte Ltd**
Payee 2: (Strike if N.A.)	S$	Name 2:
Payee 3: (Strike if N.A.)	S$	Name 3: