

INS. CASE OWNER:

CC 4 / FCI 2000 6364 / T1gs3

LKK:  
IDAC:

## ASSIGNMENT

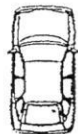
Surveyor: **TAUFIKH**DOI: **17/06/2020**Date / Time : **17/06/2020**Registered in Merimen: **—**

Pre-assign / CCU / FTE

Insured Vehicle No. : **SHA 5300B**Claim No. : **—**Name of Insured : **COMFORT TRANSPORTATION PTE LTD**Policy No. : **—**Insured Tel No. : **—** HP: **—**Make / Model : **—**Excess Sec II : **SS**D.O.A : **10/06/2020**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** / NOInsured Liability : % **Final ? Yes / No****SKZ 176J**

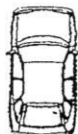
INSRS:

WSP: **EM-1**

Tel :

Liability :

RMKS:



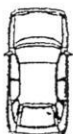
INSRS:

WSP:

Tel :

Liability :

RMKS:



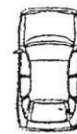
INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SKZ 176J : CC4/AIG19017260/T1ka3 ; DOA : 26/09/2019  
SHA 5300B : NA/MSG10022333/w1 ; DOA : 05/11/2010

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: L/S S\$ 3400.00 ( 6 days) Reduction: 4488.40 % 57

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time:

Confirm with

Email ☒ Call ☐

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : NIL

If NO or B 28, Ass. Lia :

Repair Cost: S\$ 3,638.00 W/GST

Loss of Rental (LOR): S\$ ( days)

OI REVERSE AND HIT STATIONARY TPV

Loss of Use (LOU): S\$ 300.00 (\$ 50 x 6 days)

Loss of Income (LOI): S\$ (\$ x days)

LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]

GIA/LTA Search S\$ 29.00

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: \$350.00

Total: S\$ 3967.00

Global Sum S\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☒ Call ☐

Payee 1: S\$ 3967.00

Name 1: EM-1 AUTO PTE LTD

Payee 2: (Strike if N.A.) S\$

Name 2:

Payee 3: (Strike if N.A.) S\$

Name 3: