

INS. CASE OWNER:

CC4 / FCI 2000 6484 / Ues3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

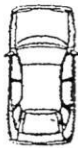
Marcus

DOI: 19/06/2020

Date / Time : 22/06/2020

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SH 7177K

Claim No. : —

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Policy No. : —

Insured Tel No. : — HP: —

Make / Model : —

Excess Sec II : S\$

D.O.A : 12/06/2020

Place of Accident : —

Is driver the owner? (YES / ☒ NO)

Nature of Accident : —

If NO, Driver Name / Age :

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

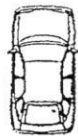
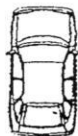
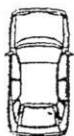
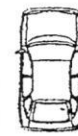
Driver Tel No. :

(V/L: ☒ YES / NO)

Insured Liability : %

Final ? Yes / No

JTX 716

INSRS:
WSP: EROFIA
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	JTX 716 : X SH 7177K : CS/FCI19007344/Uqd3n2 ; DOA : 17/04/2019	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:	Confirm with:	Confirm by: CKS
Repair Cost:	L/S S\$ 3,000.00 (4 days) Reduction: 53 %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 06.12.21 Confirm with LEE LEE	Email ☐ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ 3,000.00	OI HIT TP STATIONARY VEHICLE	
Loss of Rental (LOR):	S\$ - (days)		
Loss of Use (LOU):	S\$ 80.00 (\$ 20 x 4 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 Settlement	
Disbursement:	S\$ - (e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost	S\$ -	3) Survey fee: \$350	
Total:	S\$ 3,080.00 Global Sum S\$:		
FINAL PAYMENT	Date/Time: 06.12.21 Confirm with: LEE LEE	Email ☐ Call ☐	
Payee 1:	S\$ 3,080.00 Name 1: EROFIA MOTOR TRADING PTE LTD		
Payee 2: (Strike if N.A.)	S\$ Name 2:		
Payee 3: (Strike if N.A.)	S\$ Name 3:		