15/5/2010

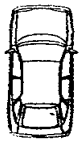
INS. CASE OWNER: Sherini Pillai | CC4/III20006691/Uga3 | LKK: IDAC:

ASSIGNMENT

Surveyor: MARCUS DOI: 26.06.2020 Date / Time : 25.06.2020

Registered in Merimen: 25.06.2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SHB 6232C Claim No. : MCT20060235

Name of Insured : COMFORT TRANSPORTATION PTE LTD Policy No. : MCOM0015

Insured Tel No. : HP: Make / Model : TOYOTA PRIUS

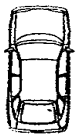
Excess Sec II :S$ D.O.A : 22.06.2020 12:10 Place of Accident : PASIR PANJANG RD >> ALEXANDRA RD

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

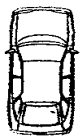
If **NO**, Driver Name / Age : LIM THYE SING OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

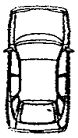
FBM 9732U → → →



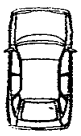
INSRS:
WSP: BAN HOCK HIN
Tel : CO.PTE LTD
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	FBM 9732U - X	**STAGE** **DATE / PIC**
	SHB 6232C - CC3/AXA11016287/H1hc3q2 ; 08/08/2011	Non-Reporting ltr (1st):
	CC3/III16024792/Keb3q2 ; 23/12/2016	Non-Reporting ltr (2nd):
	CC4/III20001173/Qga3q2 ; 13/01/2020	Non-Reporting ltr (Final):
	NS/INC13002627/H1y1u2 ; 05/02/2013	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 ☐	
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:		