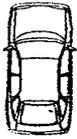| INS. CASE OWNER:	SUNDARI	CC4/III20006789/Uga3	LKK:
			IDAC:

ASSIGNMENT

Surveyor: **MARCUS** DOI: 06/07/2020 Date / Time : 29.06.2020

Registered in Merimen: 29.06.2020

Pre-assign / CCU / FTE

Insured Vehicle No. : **SHA 1423G** Claim No. : **MCT20060309**

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

Insured Tel No. : HP: Make / Model : **HYUNDAI I40**

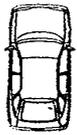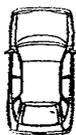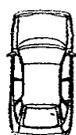**Excess Sec II :S$** D.O.A : **26.06.2020 13:50** Place of Accident : **CLEMENCEAU AVE**

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

If **NO**, Driver Name / Age : **LIM SOEY BONG** OI GIA REPORT: (YES) / NO ; TP GIA REPORT: (YES) / NO

Driver Tel No. : **+65-91879515** (V/L: (YES) / NO) Insured Liability : % **Final ? Yes / No**

SMP 6302B → → →

INSRS: WSP: **KAH MOTOR** Tel : **UBI** Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	SMP 6302B - X SHA 1423G - CC3/AXA10026158/Dq1dk2 ; 25.12.2010	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: 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: