

INS. CASE OWNER:

CC 4 / III 2000 7324 / Ubs3q2

LKK:

IDAC:

ASSIGNMENT

Surveyor: MarcusDOI: 15/07/2020Date / Time : 15/07/2020Registered in Merimen: 15/07/2020

Pre-assign / CCU / FTE

Insured Vehicle No. : SHB 4201EClaim No. : MCT20060362Name of Insured : COMFORT TRANSPORTATION PTE LTD

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$\$ D.O.A : 30/06/2020

Place of Accident : _____

Is driver the owner? (YES / ☒ NO)

Nature of Accident : _____

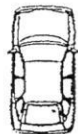
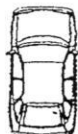
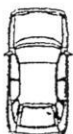
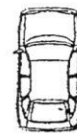
If NO, Driver Name / Age :

Driver Tel No. :

(V/L: ☒ YES / NO)OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NO

Insured Liability : % Final ? Yes / No

FBG 9237P

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

Date / Time	FBG 9237P : NA/MSG18019981/k4 ; DOA : 02/11/2018 SHB 4201E : CC4/III20005939/Kka3 ; DOA : 22/05/2020	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:	☐ ☐
28/08/2020	SETTLED AND CLOSED / NO PHY FILE		
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____		
FINALIZATION	Date/Time: _____ Confirm with: _____ Confirm by: _____		
Repair Cost: L/S	\$S 1,500.00 (4 days) Reduction: 75.69 %	Email ☒ Call ☐	
FINAL SETTLEMENT	Date/Time: 28/08/2020 Confirm with: LEE LEE	Email ☒ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 15	If NO or B 28, Ass. Lia :	
Repair Cost:	\$S 1,500.00		
Loss of Rental (LOR):	\$S (days)		
Loss of Use (LOU):	\$S 120.00 (\$ 20 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		
Medical:	\$S		
Disbursement:	\$S (e.g. Tow/ Independent)		
Legal Cost	\$S		
Total:	\$S 1,620.00 Global Sum \$S:		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email ☐ Call ☐		
Payee 1:	\$S 1,620.00 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:		

OID CHANGED LANE

 1) Claim status: Normal/Reject/Private Settle
 2) Report Format: TP
 3) Survey fee: \$350.00