

INS. CASE OWNER:

CC 4 / III 2000 7652 / Ups3

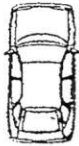
LKK:

IDAC:

ASSIGNMENT

Surveyor: MarcusDOI: 27/07/2020Date / Time : 24/07/2020Registered in Merimen: 24/07/2020

Pre-assign / CCU / FTE

Insured Vehicle No. : SHC 8863M

Claim No. : _____

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : S\$ _____ D.O.A : 22/07/2020

Place of Accident : _____

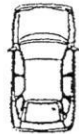
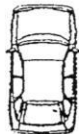
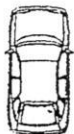
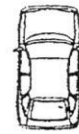
Is driver the owner? (YES / ☒ NO) Nature of Accident : _____

If NO, Driver Name / Age : _____

OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NODriver Tel No. : _____ (V/L: ☒ YES / NO)

Insured Liability : _____ % Final ? Yes / No

SLJ 4436E

INSRS:
WSP: RICO 60
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SLJ 4436E : CC4/III19021130/Upa3q2 ; DOA : 27/11/2019 SHC 8863M : NS/INC19021417/Gsf3n2 ; DOA : 01/12/2019	STAGE	DATE / PIC
03/08/2020	✓ OI GIA Rec'd	Non-Reporting ltr (1st): Non-Reporting ltr (2nd): Non-Reporting ltr (Final): Notification ltr (if non-pickup): Call OI: After call ltr to OI:	
03/09/2020	Pls refer to VIEWS for details.	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/sum S\$ 2,500.00 (3 days) Reduction: 93 % Email ☐ Call ☐			
FINAL SETTLEMENT Date/Time: 03/09/2020 Confirm with Yvonne Email ☒ Call ☐			
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : NIL If NO or B 28, Ass. Lia :			
Repair Cost: w/GST S\$ 2,675.00			
Loss of Rental (LOR): S\$ 300.00 (3 days) x \$100			
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\$ 36.49			
Medical: S\$			
Disbursement: S\$ (e.g. Tow/ Independent)			
Legal Cost S\$			
Total: S\$ 3,011.49 Global Sum S\$: 3,000.00			
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email ☒ Call ☐			
Payee 1: S\$ 3,000.00 Name 1: RICO 60 AUTO SERVICES PTE LTD			
Payee 2: (Strike if N.A.) S\$ Name 2:			
Payee 3: (Strike if N.A.) S\$ Name 3:			