15/5/2010

INS. CASE OWNER: CC 4 / FCI 2000 7841 / 9 Uks3

LKK:

IDAC:

## ASSIGNMENT

Surveyor: Marcus DOI: 13/08/2020 Date / Time : 29/07/2020

Registered in Merimen: —

**Pre-assign / CCU / FTE**

Insured Vehicle No. : SH 9180L

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Insured Tel No. : HP:

**Excess Sec II :S$**

Is driver the owner? ( YES / NO )

If NO, Driver Name / Age :

Driver Tel No. : (V/L: YES / NO )

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

D.O.A : 25/07/2020

Nature of Accident :

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

Insured Liability : % **Final ? Yes / No**

SMG 4227X → → →

INSRS:
WSP: TAN LIM
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

| Date/ Time | |
|---|---|
| | SMG 4227X : CC4/AIG19011999/K1hb3q2 ; DOA : 04/07/2019 |
| | SH 9180L : NBA/INC20005477/Y ; DOA : 28/04/2020 |
| | Reject Case<br>By (staff) : Cecilia<br>Approved by : Yen<br>Date : 15/04/21 |
| 11/03/2021 | REJECTION EMAIL TO TP - TP CHARGED FOR CARELESS DRIVING CAUSING HURT. |

| 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: P/P S$ 4105.00 ( 4 days) Reduction: 3079.20 % 43 Email ☐ Call ☐

**FINAL SETTLEMENT** Date/Time: Confirm with Email ☐ Call ☐

Final Liability: % 0 (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$

Disbursement: S$ (e.g. Tow/ Independent )

Legal Cost S$

**Total:** S$ **Global Sum S$:**

1) Claim status: Normal/Reject/Private Settle

2) Report Format: REJECT

3) Survey fee: ~~430.00~~ 376.00

**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: | |