

INS. CASE OWNER:

CC4 /AIG 2000 7972 / R1gs3

LKK:

IDAC:

ASSIGNMENT

Surveyor: RASULDOI: 05/08/2020Date / Time : 05/08/2020Registered in Merimen: 05/08/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 2312B

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Insured Tel No. : _____ HP: _____

Excess Sec II : \$S _____ D.O.A : 29/07/2020

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

Claim No. : _____

Policy No. : _____

Make / Model : _____

Place of Accident : _____

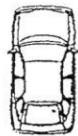
If NO, Driver Name / Age :

Driver Tel No. :

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

Insured Liability : _____ % Final ? Yes / No

SLE 1924J



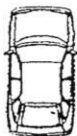
INSRS:

WSP: CHENG AUTO

Tel : _____

Liability : _____

RMKS: _____



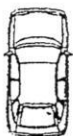
INSRS:

WSP: _____

Tel : _____

Liability : _____

RMKS: _____



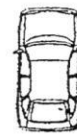
INSRS:

WSP: _____

Tel : _____

Liability : _____

RMKS: _____



INSRS:

WSP: _____

Tel : _____

Liability : _____

RMKS: _____

Date/ Time	SLE 1924J : X		STAGE	DATE / PIC
	SHC 2312B : CC3/CTI18001277/K1ka3s2 ; DOA : 18/01/2018		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:	☐ ☐
PRELIMINARY ADVICE	Date/Time:	Sent By:	Post-Repair Photos:	☐ ☐
			Others:	☐ ☐
FINALIZATION	Date/Time:	Confirm with:	Confirm by:	
Repair Cost: L/S	\$S 2800.00	(4 days) Reduction: 4842.70 % 63	Email ☒ Call ☐	
FINAL SETTLEMENT	Date/Time: 17/11/2020	Confirm with MURUGESAN	Email ☒ Call ☐	
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 26	If NO or B 28, Ass. Lia :	
Repair Cost:	\$S 2996.00	(W/GST)		
Loss of Rental (LOR):	\$S 749.00	(7 days) x \$107.00 (W/GST)		
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 7.45			
Medical:	\$S		1) Claim status: ☒ Normal/Reject/Private Settle	
Disbursement:	\$S	(e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost	\$S		3) Survey fee: \$350.00	
Total:	\$S 3752.45	Global Sum \$S: 3700.00		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☒ Call ☐	
Payee 1:	\$S 3700.00	Name 1: CHENG AUTO BODYWORKS		
Payee 2: (Strike if N.A.)	\$S	Name 2:		
Payee 3: (Strike if N.A.)	\$S	Name 3:		