

INS. CASE OWNER:

CC4 / FCI 2000 8031 / Uds3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

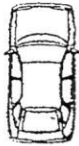
Marcus

DOI: 04/08/2020

Date / Time : 04/08/2020

Registered in Merimen: \_\_\_\_\_

Pre-assign / CCU / FTE



Insured Vehicle No. : SH 9490S

Claim No. : \_\_\_\_\_

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

Excess Sec II : S\$ D.O.A : 31/07/2020

Place of Accident : \_\_\_\_\_

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

If NO, Driver Name / Age :

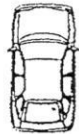
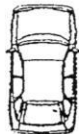
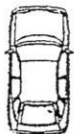
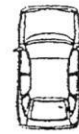
OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NO

Driver Tel No. :

(V/L: ☒ YES / NO )

Insured Liability : % Final ? Yes / No

SGW 2770T

INSRS:  
WSP: QUAN DE  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                                                                     | SGW 2770T : X                                                                         | STAGE                                                                   | DATE / PIC                                                   |
|--------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-------------------------------------------------------------------------|--------------------------------------------------------------|
|                                                                                | SH 9490S : CC3/AIG15016702/H1nb3q2 ; DOA : 01/10/2015                                 | 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)                                        | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                |                                                                                       | After call ltr to OI:                                                   | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                |                                                                                       | Authorisation To Act:                                                   | <input checked="" type="checkbox"/> <input type="checkbox"/> |
|                                                                                |                                                                                       | Release Voucher:                                                        | <input checked="" type="checkbox"/> <input type="checkbox"/> |
|                                                                                |                                                                                       | Final Repair Bill:                                                      | <input checked="" type="checkbox"/> <input type="checkbox"/> |
|                                                                                |                                                                                       | Car Rental Invoice:                                                     | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                |                                                                                       | Towing Invoice                                                          | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                |                                                                                       | LTA / GIA :                                                             | <input checked="" type="checkbox"/> <input type="checkbox"/> |
|                                                                                |                                                                                       | Medical Bill:                                                           | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                |                                                                                       | PIR:                                                                    | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                |                                                                                       | Mandate/Reject Instruction:                                             | <input checked="" type="checkbox"/> <input type="checkbox"/> |
|                                                                                |                                                                                       | LOD                                                                     | <input checked="" type="checkbox"/> <input type="checkbox"/> |
|                                                                                |                                                                                       | Payment Breakdown Form:                                                 | <input type="checkbox"/> <input type="checkbox"/>            |
| PRELIMINARY ADVICE                                                             | Date/Time: _____ Sent By: _____                                                       | Post-Repair Photos:                                                     | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                |                                                                                       | Others:                                                                 | <input type="checkbox"/> <input type="checkbox"/>            |
| FINALIZATION                                                                   | Date/Time: _____ Confirm with: _____                                                  | Confirm by:                                                             |                                                              |
| Repair Cost:                                                                   | S\$ 4,650.00 ( 10 days) Reduction: 59 %                                               | Email <input type="checkbox"/> Call <input type="checkbox"/>            |                                                              |
| FINAL SETTLEMENT                                                               | Date/Time: 30/09/2020 Confirm with Jennifer                                           | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |                                                              |
| Final Liability:                                                               | % 100 (Agreed / Assessed) BOLA S/N No. : 5                                            | If NO or B 28, Ass. Lia :                                               |                                                              |
| Repair Cost:                                                                   | S\$ 4,650.00                                                                          |                                                                         |                                                              |
| Loss of Rental (LOR):                                                          | S\$ - ( days)                                                                         |                                                                         |                                                              |
| Loss of Use (LOU):                                                             | S\$ 840.00 (\$ 70 x 12 days)                                                          |                                                                         |                                                              |
| Loss of Income (LOI):                                                          | S\$ - (\$ x days)                                                                     |                                                                         |                                                              |
| LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/> | LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one] |                                                                         |                                                              |
| GIA/LTA Search                                                                 | S\$ 7.45                                                                              |                                                                         |                                                              |
| Medical:                                                                       | S\$ -                                                                                 | 1) Claim status: Normal <del>Reject Private Sewer</del>                 |                                                              |
| Disbursement:                                                                  | S\$ - (e.g. Tow/ Independent )                                                        | 2) Report Format: TP                                                    |                                                              |
| Legal Cost                                                                     | S\$ -                                                                                 | 3) Survey fee: \$500                                                    |                                                              |
| Total:                                                                         | S\$ 5,497.45 Global Sum S\$:                                                          |                                                                         |                                                              |
| FINAL PAYMENT                                                                  | Date/Time: _____ Confirm with: _____                                                  | Email <input type="checkbox"/> Call <input type="checkbox"/>            |                                                              |
| Payee 1:                                                                       | S\$ 5,497.45 Name 1: Quan De Motor Trading                                            |                                                                         |                                                              |
| Payee 2: (Strike if N.A.)                                                      | S\$ Name 2:                                                                           |                                                                         |                                                              |
| Payee 3: (Strike if N.A.)                                                      | S\$ Name 3:                                                                           |                                                                         |                                                              |