

INS. CASE OWNER:

CC4/III20008290/Kps3

IDAC:

ASSIGNMENTSurveyor: **KENNETH**DOI: **13/8/2020**Date / Time : **12/8/2020**Registered in Merimen: **12/8/2020****Pre-assign / CCU / FTE**Insured Vehicle No. : **SH 6232R**Claim No. : **MCT20080085**Name of Insured : **COMFORT TRANSPORTATION PTE LTD**Policy No. : **MCOM0015**

Insured Tel No. : _____ HP: _____

Make / Model : **HYUNDAI I40****Excess Sec II :S\$** _____ D.O.A : **07/08/2020 10:10**Place of Accident : **UPPER SERANGOON RD X BRADDELL RD**

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**SLT 1156E**INSRS:
WSP: **TTS EUROCARS**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			STAGE	DATE / PIC
	SLT 1156E - X	SH 6232R - X	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: P/P	S\$ 8743.32	(8 days) Reduction: 58 %	Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: 10/11/2020	Confirm with KAVI	Email ☒	Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :	
Repair Cost: w/GST	S\$ 9355.35			
Loss of Rental (LOR):	S\$	(_____ days)		
Loss of Use (LOU):	S\$ 800.00	(\$ 100 x 8 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: \$600.00	
Total:	S\$ 10,162.80	Global Sum S\$:		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☒	Call ☐
Payee 1:	S\$ 10,162.80	Name 1: TTS EUROCARS PTE LTD		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		