15/5/2010

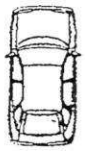
INS. CASE OWNER: CC4 / III 2000 8736 / R1/s3 | LKK: | IDAC:

ASSIGNMENT

Surveyor: RASUL DOI: 20/08/2020 Date / Time : 20/08/2020

Registered in Merimen: 20/08/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 6022Y Claim No. :

Name of Insured : COMFORT TRANSPORTATION PTE LTD Policy No. :

Insured Tel No. : HP: Make / Model :

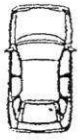
Excess Sec II :S$ D.O.A : 07/08/2020 Place of Accident :

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

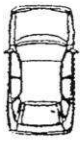
If NO, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) Insured Liability : % Final ? Yes / No

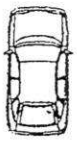
FU 8814J → → →



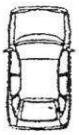
INSRS:
WSP: SOUTHERN MOTOR
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	FU 8814J : SHA 6022Y : NBA/INC20008677/Y ; DOA : 07/08/2020

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: MRB
Repair Cost: L/S	S$ 1,050.00 (3 days)	Reduction: 49 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 19.10.21	Confirm with TI TI	Email ☐ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 1,123.50		OID CHARGED FOR CARELESS DRIVING
Loss of Rental (LOR):	S$ - (days)		
Loss of Use (LOU):	S$ 90.00 ($ 30 x 3 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$ -		1) Claim status: Normal/~~Reject/Private Settle~~
Disbursement:	S$ - (e.g. Tow/ Independent)		2) Report Format: TP
Legal Cost	S$ -		3) Survey fee: $350
Total:	S$ 1,213.50	Global Sum S$:	
FINAL PAYMENT	Date/Time: 19.10.21	Confirm with: TI TI	Email ☐ Call ☐

Payee 1:	S$ 1,213.50	Name 1:	SOUTHERN MOTOR
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	