

INS. CASE OWNER:

CC 6 / III 2000 8947 / Ugs3

LKK:

IDAC:

ASSIGNMENT

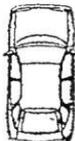
Surveyor: Marcus

DOI: 25/08/2020

Date / Time : 25/08/2020

Registered in Merimen: 25/08/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 7924M

Claim No. : _____

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : SS D.O.A : 24/08/2020

Place of Accident : _____

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

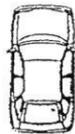
If NO, Driver Name / Age :

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

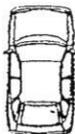
Driver Tel No. : _____ (V/L: YES / NO)

Insured Liability : _____ % Final ? Yes / No

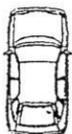
SLL 5333B



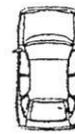
INSRS:
WSP: CHOO MOTOR
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
	SLL 5333B : CS/MSG20009016/Usf3 ; DOA : 24/08/2020	
	SHA 7924M : NA/MSG20008903/h4 ; DOA : 24/08/2020	
	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"/>
	After call ltr to OI:	<input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/>
	LOD	<input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos: <input type="checkbox"/>
		Others: <input type="checkbox"/>

FINALIZATION Date/Time:	Confirm with:	Confirm by:
Repair Cost: L/S S\$ 17,000.00 (10 days) Reduction: 47,552.51 % 73		Email <input type="checkbox"/> Call <input type="checkbox"/>

FINAL SETTLEMENT Date/Time: <u>22/10/2020</u> Confirm with <u>SHI YING</u>	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Final Liability: % (Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost: S\$ 17,700.00	
Loss of Rental (LOR): S\$ 700.00 (7 days) x \$100.00	
Loss of Use (LOU): S\$ (\$ x days)	
Loss of Income (LOI): S\$ (\$ x days)	
LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]	
GIA/LTA Search S\$	
Medical: S\$	1) Claim status: <input checked="" type="checkbox"/> Normal/Reject/Private Settle
Disbursement: S\$ (e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost S\$	3) Survey fee: 600.00
Total: S\$ 17,700.00 Global Sum S\$:	

FINAL PAYMENT Date/Time:	Confirm with:	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Payee 1: S\$ 17,700.00 Name 1: <u>CHOO MOTOR SPRAY PAINTER</u>		
Payee 2: (Strike if N.A.) S\$ Name 2:		
Payee 3: (Strike if N.A.) S\$ Name 3:		