

INS. CASE OWNER:

CC 4 / FCI 2000 9048 / Ers3

LKK:
IDAC:

ASSIGNMENT

Surveyor: STEVE

DOI: 27/08/2020

Date / Time : 27/08/2020

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 1456B

Claim No. : —

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Policy No. : —

Insured Tel No. : — HP: —

Make / Model : —

Excess Sec II : S\$ D.O.A : 26/08/2020

Place of Accident : —

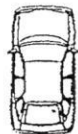
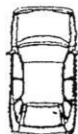
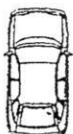
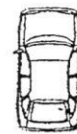
Is driver the owner? (YES / ☒ NO) Nature of Accident : —

If NO, Driver Name / Age :

OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NODriver Tel No. : (V/L: ☒ YES / NO)

Insured Liability : % Final ? Yes / No

SLK 2027K

INSRS:
WSP: KAH MOTOR
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
SLK 2027K : X	Non-Reporting ltr (1st):	
SHC 1456B : CC3/CTI16018975/H1hg3q2 ; DOA : 04/10/2016	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:	Post-Repair Photos:	☐ ☐
Sent By:	Others:	☐ ☐
FINALIZATION Date/Time:	Confirm with:	Confirm by:
Repair Cost: P/P S\$ 19,000.00 (19 days) Reduction: 7 %	Email ☒ Call ☐	
FINAL SETTLEMENT Date/Time: 23.12.2020 Confirm with DESMOND	Email ☒ Call ☐	
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost: w/GST S\$ 20,330.00		
Loss of Rental (LOR): w/GST S\$ 2,461.00 (23 days) x 100.00		
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\$		
Medical: S\$		
Disbursement: S\$ (e.g. Tow/ Independent)		
Legal Cost S\$		
Total: S\$ 22,744.00 Global Sum S\$:		
FINAL PAYMENT Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1: S\$ 22,744.00 Name 1: KAH MOTOR CO.SDN.BHD		
Payee 2: (Strike if N.A.) S\$ Name 2:		
Payee 3: (Strike if N.A.) S\$ Name 3:		

1) Claim status: Normal ~~Reject/Private South~~
2) Report Format: TP
3) Survey fee: 600.00