

INS. CASE OWNER:

CC 4 / III 2000 9458 / Aps3

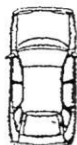
LKK:

IDAC:

ASSIGNMENT

Surveyor: AdrianDOI: 08/09/2020Date / Time : 04/09/2020Registered in Merimen: 04/09/2020

Pre-assign / CCU / FTE

Insured Vehicle No. : SH 8395R

Claim No. : _____

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$\$ _____ D.O.A : 04/09/2020

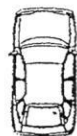
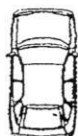
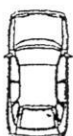
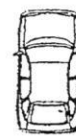
Place of Accident : _____

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 9090EINSRS:
WSP: AUTOLUTION
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SLK 9090E : X SH 8395R : CC3/CTI16010577/H1eg3q2 ; DOA : 05/06/2016	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:	☐ ☐
19/10/2020	Pls refer to VIEWS for details.		
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____			
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____			
Repair Cost: P/P	\$S 3,213.20 (4 days) Reduction: 28 %	Email ☐ Call ☐	
FINAL SETTLEMENT Date/Time: 19/10/2020 Confirm with Elmer Email ☒ Call ☐			
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 15	If NO or B 28, Ass. Lia :	
Repair Cost: w/GST	\$S 3,438.12		
Loss of Rental (LOR):	\$S (days)		
Loss of Use (LOU):	\$S 400.00 (\$ 100 x 4 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: \$350.00	
Total:	\$S 3,838.12 Global Sum \$S:		
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email ☒ Call ☐			
Payee 1:	\$S 3,838.12	Name 1:	Autolution Industrial Pte Ltd
Payee 2: (Strike if N.A.)	\$S	Name 2:	
Payee 3: (Strike if N.A.)	\$S	Name 3:	