

INS. CASE OWNER:

CC 6 / III 2000 9794 / Abs3

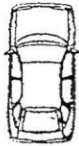
LKK:

IDAC:

ASSIGNMENT

Surveyor: AdrianDOI: 14/09/2020Date / Time : 14/09/2020Registered in Merimen: 14/09/2020

Pre-assign / CCU / FTE

Insured Vehicle No. : SHB 4113BClaim No. : MCT20090187Name of Insured : COMFORT TRANSPORTATION PTE LTD

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$S _____ D.O.A : 13/09/2020

Place of Accident : _____

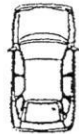
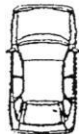
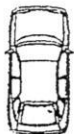
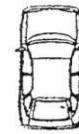
Is driver the owner? (YES / ☒ NO) Nature of Accident : _____

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

SMN 4047L

INSRS:
WSP: NEW HOCK TECK
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SMN 4047L : X	STAGE	DATE / PIC
	SHB 4113B : CC3/AXA12023785/H1v1f3c3 ; DOA : 07/12/2012	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:	☐ ☐
11/11/2020	SETTLED AND CLOSED / NO PHY FILE		
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____		
FINALIZATION	Date/Time: _____ Confirm with: _____ Confirm by: _____		
Repair Cost: L/S	\$S 15,500.00 (10 days) Reduction: 70.78 %	Email ☒ Call ☐	
FINAL SETTLEMENT	Date/Time: 05/11/2020 Confirm with: SUKYI CHONG	Email ☒ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 100	
Repair Cost: (W/GST)	\$S 16,585.00		
Loss of Rental (LOR):	\$S (days)		3 veh C.C , OID=last car
Loss of Use (LOU):	\$S 1,320.00 (\$120 x 11 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 17,912.45 Global Sum \$S: 17,900.00		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email ☐ Call ☐		
Payee 1:	\$S 17,900.00 Name 1: NEW HOCK TECK MOTOR PTE LTD		
Payee 2: (Strike if N.A.)	\$S Name 2:		
Payee 3: (Strike if N.A.)	\$S Name 3:		