

INS. CASE OWNER:

CC4 / III 2000 9837 / Kbs3

LKK:

IDAC:

ASSIGNMENT

Surveyor: KennethDOI: 15/09/2020Date / Time : 14/09/2020Registered in Merimen: 14/09/2020

Pre-assign / CCU / FTE

Insured Vehicle No. : SH 6083DClaim No. : MCT20090194Name of Insured : COMFORT TRANSPORTATION PTE LTD

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : S\$ _____ D.O.A : 14/09/2020

Place of Accident : _____

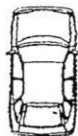
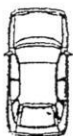
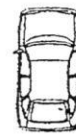
Is driver the owner? (YES / **NO**) Nature of Accident : _____

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

SLR 2280H

INSRS:
WSP: **ESTEEM**
Tel : **PERFORMANCE**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
	SLR 2280H : X	
	SH 6083D : NS/INC13005851/Gy1k3 ; DOA : 26/03/2013	
	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	SETTLED AND CLOSED / NO PHY FILE	

PRELIMINARY ADVICE	Date/Time:	Sent By:	
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: L/S	S\$ 7,450.00 (9 days) Reduction: 51.48 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 14/10/2020 Confirm with CARMEN LIN		Email ☒ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 26		If NO or B 28, Ass. Lia :
Repair Cost: (W/GST)	S\$ 7,971.50		
Loss of Rental (LOR):	S\$ 791.45 (11 days) x \$71.95		OID passenger open door
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\$ 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\$ 8,770.40 Global Sum S\$ 8,750.00		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S\$ 8,750.00	Name 1: ESTEEM PERFORMANCE PTE LTD	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	