15/5/2010

			LKK:
INS. CASE OWNER:	**MS PRIYA**	CC4/III20009913/Bba3	IDAC:

ASSIGNMENT

Surveyor: **MR LIM**   DOI: _____   Date / Time : **16/9/2020**

Registered in Merimen: **16/9/2020**

Pre-assign / CCU / FTE

Insured Vehicle No. : **SHA 7265G**   Claim No. : _____

Name of Insured : COMFORT TRANSPORTATION PTE LTD   Policy No. : **MCOM0015**

Insured Tel No. : _____ HP: _____   Make / Model : _____

Excess Sec II :S$ _____   D.O.A : **14/9/2020 22:00**   Place of Accident : **GUILLEMARD RD**

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**

SFF 38P ⟶ _____ ⟶ _____ _____ ⟶ _____

INSRS:	INSRS:	INSRS:	INSRS:
WSP: **TEAM**	WSP:	WSP:	WSP:
Tel : **AUTOPRO**	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time		STAGE	DATE / PIC
		Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
	SHA 7265G - X	Non-Reporting ltr (Final):	
	SFF 38P - CC3/ICS17018119/Keb3s2 - 18/09/2017	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	☐	☐
29/10/2020	**SETTLED AND CLOSED / NO PHY FILE**	LTA / GIA :	✔	☐
		Medical Bill:	☐	☐
		PIR:	☐	☐
		Mandate/Reject Instruction:	✔	☐
		LOD	✔	☐
		Payment Breakdown Form:	☐	☐

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____

Post-Repair Photos:	☐	☐
Others:	☐	☐

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____

Repair Cost: **L/S** S$ **6,300.00** (**7** days) Reduction: **67.57** %   Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: **19/10/2020** Confirm with **ADEL**   Email ✔ Call ☐

Final Liability:	% **100** (Agreed / Assessed) BOLA S/N No. : **1**	If NO or B 28, Ass. Lia :
Repair Cost:	S$ **6,300.00**	
Loss of Rental (LOR):	S$ **960.00** (**8** days) x $120.00	**OID FROM SIDE ROAD**
Loss of Use (LOU):	S$ ($ x days)	
Loss of Income (LOI):	S$ ($ x days)	
LOR only ✔ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [**Tick only one**]		
GIA/LTA Search	S$ **36.45**	
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: **$600.00**
Total:	S$ **7,296.45** **Global Sum S$: 7,100.00**	

FINAL PAYMENT Date/Time: _____ Confirm with: _____   Email ☐ Call ☐

Payee 1:	S$ **7,100.00**	Name 1: **TEAM AUTOPRO PTE LTD**
Payee 2: (Strike if N.A.)	S$	Name 2:
Payee 3: (Strike if N.A.)	S$	Name 3: