15/5/2010

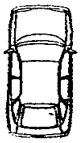
INS. CASE OWNER: MS SUNDARI | CC4/III20009920/pa3 | LKK: IDAC:

ASSIGNMENT

Surveyor: Taufikh DOI: 17/9/2020 Date / Time : 16/9/2020

Registered in Merimen: 16/9/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 3403R Claim No. : MCT20090182

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

Insured Tel No. : HP: Make / Model :

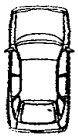
Excess Sec II :S$ D.O.A : 12/9/2020 14:55 Place of Accident : JEM TAXI STAND

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

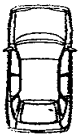
If **NO**, Driver Name / Age : LIEW MING CHOON OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

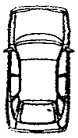
SME 4019R → → →



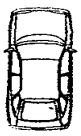
INSRS:
WSP: EUROKARS
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
		STAGE **DATE / PIC**
	SME 4019R - X	Non-Reporting ltr (1st):
	SHC 3403R - CC3/AIG08012154/YDn - 11/04/2008	Non-Reporting ltr (2nd):
	CC3/AIG17011880/M1wa3s2 - 15/06/2017	Non-Reporting ltr (Final):
		Notification ltr (if non-pickup):
		Call OI:
		After call ltr to OI:
31/01/2021	Pls refer to Views for details.	**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: Sent By:	Post-Repair Photos:
		Others:

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: P/P	S$ 3,109.90 (3 days) Reduction: 52 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 31/01/2021	Confirm with Jen	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 3,327.59		
Loss of Rental (LOR) w/GST	S$ 321.00 (3 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$		1) Claim status: Normal/~~Reject/Private Settle~~
Disbursement:	S$	(e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$		3) Survey fee: $350.00
Total:	**S$** 3,648.59	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ 3,648.59	Name 1:	Trans Eurokars Pte Ltd
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	