INS. CASE OWNER:	CC6/FCI20010842/Urs3q2	LKK: IDAC:

ASSIGNMENT

Surveyor: **Marcus**   DOI: 08/10/2020   Date / Time : 08/10/2020

Registered in Merimen: ——

Pre-assign / CCU / FTE

Insured Vehicle No. : **SH 6956K**	Claim No. : _____
Name of Insured : COMFORT TRANSPORTATION PTE LTD	Policy No. : _____
Insured Tel No. : _____ HP: _____	Make / Model : _____
Excess Sec II :S$ _____ D.O.A : 06/10/2020	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) / NO

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

SLU 397C ⟶ _____ ⟶ _____ ⟶ _____

INSRS:	INSRS:	INSRS:	INSRS:
WSP: **T K LEE**	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time			
	SLU 397C : X	**STAGE**	**DATE / PIC**
	SH 6956K : CC4/FCI20000119/T1ha3q2 ; DOA : 25/12/2019	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:	☐

PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos:	☐ ☐
		Others:	☐ ☐

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

Repair Cost: L/SUM S$ 7,700.00 (5 days) Reduction: 60 %   Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 12/11/2020 Confirm with SEBASTIAN   Email ☑ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 15	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 7,700.00	
Loss of Rental (LOR):	S$ 600.00 (6 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 + LC ☐ [**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$ 8,336.45 **Global Sum S$:**	

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

Payee 1:	S$ 8,336.45	Name 1:	T K LEE AUTOMOTIVE PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	