15/5/2010

INS. CASE OWNER:

CC4/III20010933/Ggs3

LKK:

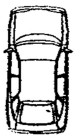
IDAC:

ASSIGNMENT

Surveyor: XGQ DOI: 07/12/2020 Date / Time : 09/10/2020

Registered in Merimen: 09/10/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 8113U Claim No. :

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

Insured Tel No. : HP: Make / Model :

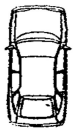
Excess Sec II :S$ D.O.A : 07/10/2020 Place of Accident :

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

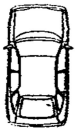
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

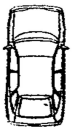
SLK 7534E → → →



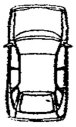
INSRS:
WSP: TROPICAL
Tel : SUCCESS
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SLK 7534E : X
	SHC 8113U : CC3/AIG11023111/H1sr1k2 ; DOA : 05/11/2011

STAGE	DATE / PIC
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:		

PRELIMINARY ADVICE	Date/Time:	Sent By:	
FINALIZATION	Date/Time:	Confirm with:	Confirm by: XGQ
Repair Cost: P/P	S$ 2,443.07 (3 days)	Reduction: 47 %	Email [ ] Call [ ]
FINAL SETTLEMENT	Date/Time: 25.10.21	Confirm with SERENE	Email [ ] Cal [ ]
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 2,443.07	OID REAR ENDED TP	
Loss of Rental (LOR):	S$ - (days)		
Loss of Use (LOU):	S$ 240.00 ($ 80 x 3 days)		
Loss of Income (LOI):	S$ - ($ x days)		
LOR only [ ] LOU only [✓] LOR + LOU [ ] LOR + LO [ ]	[**Tick only one**]		
GIA/LTA Search	S$ 7.49		
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: $350
Total:	**S$** 2,690.56	**Global Sum S$:**	
FINAL PAYMENT	Date/Time: 25.10.21	Confirm with: SERENE	Email [ ] Cal [ ]

Payee 1:	S$ 2,690.56	Name 1:	TROPICAL SUCCESS AUTO CARE
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	