15/5/2010

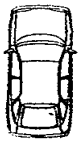
INS. CASE OWNER: Sherini Pillai | CC6/III20011460/Aba3 | LKK: IDAC:

ASSIGNMENT

Surveyor: ADRIAN DOI: 21.10.2020 Date / Time : 21.10.2020

Registered in Merimen: 21.10.2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SHD 3142M Claim No. :

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

Insured Tel No. : HP: Make / Model : HYUNDAI I40

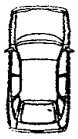
Excess Sec II :S$ D.O.A : 20/10/2020 23:05 Place of Accident : ALONG RACE COURSE RD

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

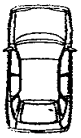
If **NO**, Driver Name / Age : CHUA CHIN LEONG OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

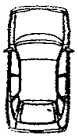
SJN 5828D → → →



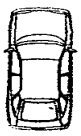
INSRS:
WSP: CN MOTORS PTE LTD
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SJN 5828D - CS/HSB09023851/Rqr1 ; 12.10.2009	Non-Reporting ltr (1st):	
	SHD3142M - CA/AIG11002269/r ; 08/02/2011	Non-Reporting ltr (2nd):	
	CC3/CTI16003954/H1ya3n2 ; 28/02/2016	Non-Reporting ltr (Final):	
	CC6/III19008564/Upb3q2 ; 13/05/2019	Notification ltr (if non-pickup):	
	NBA/INC17005802/Y ; 22/03/2017	Call OI:	
	NS/INC10013990/R1g1k1 ; 14/07/2010	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 :	
09/02/2021	III REPUDIATE / CLOSE SUBMIT WP	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$ 7,800.00 (9 days)	Reduction: 51.25 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Call ☐
Final Liability:	% (Agreed / Assessed)	BOLA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost:	S$		
Loss of Rental (LOR):	S$ (days)		
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~~ WP
Disbursement:	S$	(e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$		3) Survey fee: $450.00
Total:	**S$**	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$	Name 1:	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	