15/5/2010

INS. CASE OWNER:

CC4/III20011470/R1pa3

LKK:

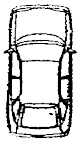
IDAC:

ASSIGNMENT

Surveyor: RASUL DOI: 23/10/2020 Date / Time : 22/10/2020

Registered in Merimen: 23/10/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 1642E Claim No. :

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

Insured Tel No. : HP: Make / Model :

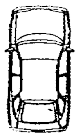
Excess Sec II :S$ D.O.A : 17/10/2020 09:55 Place of Accident : ALONG STAMFORD ROAD

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

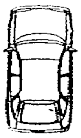
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

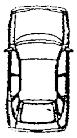
SCP 5555M → → →



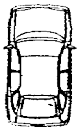
INSRS:
WSP: ZENITH DANIEL AUTO SERVICES
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SCP 5555M SHC 1642E NBA/EQI20011332/Y ; 17.10.2020 CC3/AIG09012779/Yq1 ; 06/06/2009 CC3/III17014379/Kya3q2 0; 21/07/2017 NJA/LPC08014970/w1 ; 17/05/2008	**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:
28/12/2020	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: ☐ Post-Repair Photos: ☐ ☐ Others: ☐ ☐

PRELIMINARY ADVICE	Date/Time:	Sent By:	
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: L/sum	S$ 1,950.00 (4 days)	Reduction: 34 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 28/12/2020	Confirm with 15	Email ☑ Call ☐
Final Liability:	% 100% (Agreed / Assessed)	BOLA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 1,950.00		
Loss of Rental (LOR):	S$ (days)		
Loss of Use (LOU):	S$ 320.00 ($80 x 4 days)		
Loss of Income (LOI):	S$ ($ 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: $350.00
Total:	**S$** 2,270.00	**Global Sum S$:**	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ 2,270.00	Name 1: Zenith Daniel Auto Services	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	