15/5/2010

INS. CASE OWNER:

CC6/III20014209/Upa3

LKK:

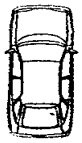
IDAC:

ASSIGNMENT

Surveyor: MARCUS DOI: 21/12/2020 Date / Time : 21/12/2020

Registered in Merimen: 21/12/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SHD 4824Y Claim No. :

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

Insured Tel No. : HP: Make / Model :

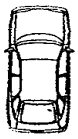
Excess Sec II :S$ D.O.A : 20/12/2020 Place of Accident :

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

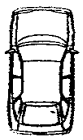
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

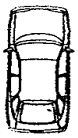
SKD 6109E → → →



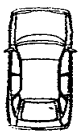
INSRS:
WSP: CHOO MOTOR
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SKD 6109E - X	**STAGE** **DATE / PIC**
	SHD 4824Y - CC6/III15018077/Khv3q2 ; 22/10/2015	Non-Reporting ltr (1st):
	CC6/III17023151/Uha3q2 ; 02/12/2017	Non-Reporting ltr (2nd):
	NS/INC15018162/M1qbd1; 22/10/2015	Non-Reporting ltr (Final):
		Notification ltr (if non-pickup):
		Call OI:
		After call ltr to OI:
07/04/2021	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: L/sum	S$ 5,000.00 (6 days) Reduction: 76 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 07/04/2021	Confirm with Ashley	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 0
Repair Cost:	S$ 5,000.00		
Loss of Rental (LOR):	S$ 360.00 (3 days)	x$120.00	
Loss of Use (LOU):	S$ ($ 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: $600.00
Total:	**S$** 5,360.00	**Global Sum S$:** 5,350.00	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ 5,350.00	Name 1:	Choo Motor Spray Painter
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	