

INS. CASE OWNER:

ASSIGNMENT

CC4/III20014322/Apa3

Surveyor: AdrianDOI: 25/02/2021Date / Time : 22/12/2020Registered in Merimen: 22/12/2020

Pre-assign / CCU / FTE

Insured Vehicle No. : SHD 7142L

Claim No. : _____

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ _____ D.O.A : 18/12/2020 19:32Place of Accident : JALAN ANAK BUKIT

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

SMR 592J

INSRS:
WSP: C & C KIA
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time					
	SMR 592J	CC4/AIG20014215/T1ga3 ; 18.12.20	STAGE	DATE / PIC	
	SHD 7142L	NBA/INC18021528/Y ; 28/11/2018	Non-Reporting ltr (1st):		
		NS/INC17016571/K1qbn2 ; 24/08/17	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:		
Repair Cost: <u>L/sum</u>	S\$ <u>3,600.00</u> (<u>5</u> days) Reduction: <u>68</u> %		Email ☐	Call ☐	
FINAL SETTLEMENT	Date/Time: <u>21/04/2021</u>	Confirm with: <u>Sukyi</u>	Email ☒	Call ☐	
Final Liability:	% <u>50</u> (Agreed / Assessed) BOLA S/N No. : <u>19</u>		If NO or B 28, Ass. Lia :		
Repair Cost: <u>3,852.00</u>	S\$ <u>1,926.00</u>				
Loss of Rental (LOR):	S\$ (days)				
Loss of Use (LOU) <u>360.00</u>	S\$ <u>180.00</u> (\$ <u>60</u> x <u>6</u> days)				
Loss of Income (LOI):	S\$ (\$ x days)				
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]					
GIA/LTA Search	S\$ <u>7.45</u>				
Medical:	S\$		1) Claim status: Normal/ Reject/Printed/Settle		
Disbursement:	S\$ (e.g. Tow/ Independent)		2) Report Format: <u>TP</u>		
Legal Cost	S\$		3) Survey fee: <u>\$500.00</u>		
Total:	S\$ <u>2,113.45</u>	Global Sum S\$: <u>2,100.00</u>			
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☒	Call ☐	
Payee 1:	S\$ <u>2,100.00</u>	Name 1: <u>New Hock Teck Motor Pte Ltd</u>			
Payee 2: (Strike if N.A.)	S\$	Name 2:			
Payee 3: (Strike if N.A.)	S\$	Name 3:			