		CC4/III20014389/R1ba3	LKK:
INS. CASE OWNER:			IDAC:

ASSIGNMENT

Surveyor: **RASUL** DOI: **23/12/2020** Date / Time : **23/12/2020**

Registered in Merimen: **23/12/2020**

Pre-assign / CCU / FTE

Insured Vehicle No. : **SH 8964Z** Claim No. : _____

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

Insured Tel No. : _____ HP: _____ Make / Model : _____

Excess Sec II :S$ _____ D.O.A : **17/12/2020 16:45** 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**

SMT 3768P → → →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: **ETHOZ**	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time		STAGE	DATE / PIC
	SMT 3768P - X	Non-Reporting ltr (1st):	
	SH 8964Z - CC3/AIG08026547/CDh ; 25/09/08	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 :	✓	
29/03/2021	**SETTLED AND CLOSED / NO PHY FILE**	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: **P/P** S$ **3,485.67** (**5** days) Reduction: **33.05** % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: **26/03/2021** Confirm with: **AI LEE** Email ✓ Call ☐

Final Liability:	% **100** (Agreed / Assessed) BOLA S/N No. : **27**	If NO or B 28, Ass. Lia :
Repair Cost: **(W/GST)**	S$ **3,729.67**	
Loss of Rental (LOR):	S$ ____ (____ days)	
Loss of Use (LOU):	S$ **560.00** ($ **80** x **7** days)	
Loss of Income (LOI):	S$ ____ ($ ____ x ____ days)	
LOR only ☐ LOU only ✓ LOR + LOU ☐ LOR + LOI ☐ [**Tick only one**]		
GIA/LTA Search	S$ **29.00**	
Medical:	S$	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ (e.g. Tow/ Independent)	2) Report Format: **TP**
Legal Cost	S$ **4,318.67**	3) Survey fee: **$350.00**
Total:	**S$ 4,318.67** Global Sum S$: **4,150.00**	

FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email ☐ Call ☐

Payee 1:	S$ **4,150.00**	Name 1: **ETHOZ GROUP LTD**
Payee 2: (Strike if N.A.)	S$	Name 2:
Payee 3: (Strike if N.A.)	S$	Name 3: