			LKK:
INS. CASE OWNER:		CC4/ASM21005459/Ups3	IDAC:

ASSIGNMENT

Surveyor: **Marcus**   DOI: **05/05/2021**   Date / Time : **04/05/2021**
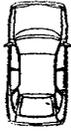
Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. : **SHD 3102D**   Claim No. :

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

Insured Tel No. :   HP: Make / Model :

Excess Sec II :S$ D.O.A : **29/04/2021**   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**
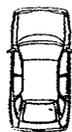
SKS 6386S ⟶   ⟶   ⟶

INSRS:	INSRS:	INSRS:	INSRS:
WSP: **CAS GARAGE**	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:
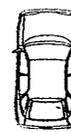
Date/ Time			STAGE	DATE / PIC
	SKS 6386S : X		Non-Reporting ltr (1st):	
	SHD 3102D : CC4/ASM21001227/T1ba3 ; DOA : 15/01/2021		Non-Reporting ltr (2nd):	
			Non-Reporting ltr (Final):	
20/08/2021	**Pls refer to VIEWS for details.**		Notification ltr (if non-pickup):	
			Call OI:	
			After call ltr to 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: **L/sum** S$ **3,400.00** (**4** days) Reduction: **83** % Email ☐ Call ☐ ✓

FINAL SETTLEMENT Date/Time: **20/08/2021** Confirm with **Gerine** Email ✓ Cal ☐

Final Liability:	% **100** (Agreed / Assessed) BOLA S/N No. : **27**	If NO or B 28, Ass. Lia :	
Repair Cost: **w/GST**	S$ **3,638.00**		
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 + LO ☐ [**Tick only one**]			
GIA/LTA Search	S$ **7.45**		
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: **$350.00**	
Total:	S$ **3,965.45** Global Sum S$:		

FINAL PAYMENT Date/Time: Confirm with: Email ✓ Cal ☐

Payee 1:	S$ **3,965.45**	Name 1: **Cas Garage Pte Ltd**	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	