

INS. CASE OWNER:

ASSIGNMENT

Surveyor:

TAUFIKH

DOI: 06/05/2021

Date / Time : 05/05/2021

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SH 8307X

Claim No. : S1M039CH

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Policy No. : P2419138

Insured Tel No. : _____ HP: _____

Make / Model : TOYOTA PRIUS

Excess Sec II :\$ _____ D.O.A : 01/05/2021 12:36

Place of Accident : Rivervale Cres, Singapore

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

If NO, Driver Name / Age : TAN KIAT MENG

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : _____ (V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SGW 2299M

INSRS:
WSP: RICO 60
Tel : AUTO
Liability: SERVICES
RMKS: PTE LTDINSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SGW 2299M - NA/FCI13005197/r3 ; 18.03.2013	Non-Reporting ltr (1st):	
	SH 8307X - CC4/AIG21004503/T1rs3 ; 06.04.2021	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
01/10/2021	Pls refer to VIEWS for details.	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:	☐ ☐
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____	Post-Repair Photos:	☐ ☐
		Others:	☐ ☐
FINALIZATION	Date/Time: _____ Confirm with: _____	Confirm by:	
Repair Cost: L/sum	S\$ 6,600.00 (6 days) Reduction: 75 %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 01/10/2021 Confirm with Yvonne	Email ☒ Call ☐	
Final Liability:	% 90 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :	
Repair Cost: 7,062.00	S\$ 6,355.80		
Loss of Rental (LOR): 800.00	S\$ 720.00 (8 days) x \$100		
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\$ 7.45		
Medical:	S\$	1) Claim status: Normal/Reject/Private Settlement	
Disbursement:	S\$ (e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost	S\$	3) Survey fee: \$350.00	
Total:	S\$ 7,083.25	Global Sum S\$: 7,000.00	
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☒ Call ☐	
Payee 1:	S\$ 7,000.00	Name 1: RICO 60 AUTO SERVICES PTE LTD	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	