

INS. CASE OWNER:

ASSIGNMENT

Surveyor:

BRYAN

DOI: 22/04/2021

Date / Time : 30 April 2021

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SHC 1963D**Claim No. : **S1M03830**Name of Insured : **COMFORT TRANSPORTATION PTE LTD**Policy No. : **P2419138**

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$D.O.A : **27/03/2021**Place of Accident : **201E Tampines Street 23**

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

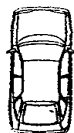
If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

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

Insured Liability : %

Final ? Yes / No**VCT 3242**INSRS:
WSP: **SG 98 Motor**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	VCT3242 - CC4/ASM21001692/Dga3 ; 31.01.2021	Non-Reporting ltr (1st):	
	SHC1963D - CC3/AIG10025260/Da2u2n ; 12/2010	Non-Reporting ltr (2nd):	
	CC4/ASM21001692/Dga3 ; 27/03/2021	Non-Reporting ltr (Final):	
	NA/INC18010257/h4 ; 03/06/2018	Notification ltr (if non-pickup):	
	NS/INC18010231/K1sbe2 ; 03/06/2018	Call OI:	
		After call ltr to OI:	
	TPV: YAMAHA 135LC - 134cc	Documentation Check List:	Handler Typist
		Notification ltr (if non-pickup)	☐
	CLAIMANT - MOHD HAZRI BIN BERAHIM	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/S	S\$ \$550.00 (2 days) Reduction: \$584.50 % 52	Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: 29/12/2021 Confirm with LINDA	Email ☒	Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 22	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ 550.00		
Loss of Rental (LOR):	S\$ (days)		
Loss of Use (LOU):	S\$ 40.00 (\$ 20 x 2 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: \$350.00	
Total:	S\$ 590.00 Global Sum S\$: 550.00		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☒	Call ☐
Payee 1:	S\$ 550.00 Name 1: SG 98 MOTOR PTE LTD		
Payee 2: (Strike if N.A.)	S\$ Name 2:		
Payee 3: (Strike if N.A.)	S\$ Name 3:		