15/5/2010

	CC4/ASM22001942/Apa3	LKK:
INS. CASE OWNER:		IDAC:

ASSIGNMENT

Surveyor: **Adrian**   DOI: 02/03/2022   Date / Time : 01/03/2022

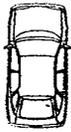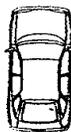Registered in Merimen: ___

Pre-assign / CCU / FTE

Insured Vehicle No.   :   **SH 7012C**   Claim No.   : ___

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

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

Excess Sec II :S$ ___   D.O.A : **26/02/2022**   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

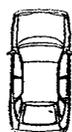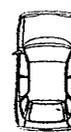Driver Tel No. :   (V/L: (YES)/ NO)   Insured Liability :   %   **Final ? Yes / No**

SLC 2447Z ⟶ ___ ⟶ ___ ⟶ ___

INSRS:	INSRS:	INSRS:	INSRS:
WSP: PROVI	WSP:	WSP:	WSP:
Tel : AUTOWORKS	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time			STAGE	DATE / PIC
		SLC 2447Z : X	Non-Reporting ltr (1st):	
		SH 7012C : CC4/AIG21011624/Tea3 ; DOA : 13/11/2021	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:	☐

PRELIMINARY ADVICE Date/Time: Sent By: Post-Repair Photos: ☐ ☐

Others: ☐ ☐

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: **L/sum**   S$ **1,550.00** (**3** days) Reduction: **90** %   Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: **27/04/2022** Confirm with **Provi**   Email ✓ Cal ☐

Final Liability:	% **100** (Agreed / Assessed) BOLA S/N No. : **NIL**	If NO or B 28, Ass. Lia :	
Repair Cost:	S$ 1,550.00		
Loss of Rental (LOR):	S$ (days)		
Loss of Use (LOU):	S$ 150.00 ($ 50 x 3 days)		
Loss of Income (LOI):	S$ ✓ ($ x days)		
LOR only ☐ LOU only ✓ LOR + LOU ☐ LOR + LO ☐ [**Tick only one**]			
GIA/LTA Search	S$ 31.00		
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: **$350.00**	
Total:	S$ 1,731.00 Global Sum S$: 1,730.00		

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

Payee 1:	S$ **1,730.00**	Name 1: **PROVI AUTOWORKS PTE LTD**
Payee 2: (Strike if N.A.)	S$	Name 2:
Payee 3: (Strike if N.A.)	S$	Name 3: