15/5/2010

INS. CASE OWNER: PRIYA | CC3/III19016882/Kpa3 | LKK: IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 24/09/2019 Date / Time : 24/09/2019

Registered in Merimen: 25/09/2018

Pre-assign / CCU / FTE

Insured Vehicle No. : SH 7055D Claim No. :

Name of Insured : COMFORT TRANSPORTATION PTE LTD Policy No. : MCOM0015

Insured Tel No. : HP: Make / Model : HYUNDAI I40

Excess Sec II :S$ D.O.A : 21/09/2019 Place of Accident : SENTOSA DRIVE WAY

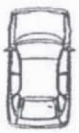
Is driver the owner? (YES / NO) Nature of Accident :

If **NO**, Driver Name / Age : CHUA KIM GUAN OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : +65-92389691 (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SHD 9836E → → →

INSRS:
WSP: TRANS-CAB
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SHD 9836E - X SH 7055D - NS/INC13019806/H1gbw2; DOA: 19.10.13	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
28/08/2020	Pls refer to VIEWS for details.	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$ 1,100.00 (2 days) Reduction: 96 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 28/08/2020 Confirm with Jasmine Email ✓ Call ☐

Final Liability:	% 50 (Agreed / Assessed) BOLA S/N No. : NIL		If NO or B 28, Ass. Lia :
Repair Cost: w/GST 1,177.00	S$ 588.50		
Loss of Rental (L 243.39	S$ 121.70	(3 days) x $81.13	
Loss of Use (LOU):	S$	($ x days)	
Loss of Income (L 120.00	S$ 60.00	($40 x3 days)	
LOR only ☐ LOU only ☐	LOR + LOU ☐	LOR + LO ✓ [Tick only one]	
GIA/LTA Search	S$		
Medical:	S$		1) Claim status: Normal/[redacted]
Disbursement:	S$	(e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$		3) Survey fee: $600.00
Total:	S$ 770.20	**Global Sum S$:** 770.00	

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

Payee 1:	S$ 770.00	Name 1:	Trans-cab Auto Services Pte Ltd
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	