15/5/2010

INS. CASE OWNER: SUNDARI | CC6/III19020157/Upa3 | LKK: IDAC:

ASSIGNMENT

Surveyor: MARCUS DOI: 13/11/2019 Date / Time : 13/11/2019

Registered in Merimen: 13/11/2019

Pre-assign / CCU / FTE

Insured Vehicle No. : SHA 4093E Claim No. :

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

Insured Tel No. : HP: Make / Model : HYUNDAI IONIQ HYBRID

Excess Sec II :S$ D.O.A : 12/11/2019 Place of Accident : KAMPONG BAHRU X JUNCTION MT FABER

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

If **NO**, Driver Name / Age : FONG TUCK WOH ALAN OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : +65-96872563 (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SLC 6948T → → →

INSRS:
WSP: CHOO MOTOR
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SLC 6948T - CC3/QBE19004059/K1eb3q2; DOA: 28/2/19 SHA 4093E NA/QBE19020102/h4; DOA: 12.11.19 - NS/INC14020070/H1gbd1; DOA: 22.10.14 - NA/INC14019955/d2; DOA: 22.10.14	**STAGE** **DATE / PIC** Non-Reporting ltr (1st): Non-Reporting ltr (2nd): Non-Reporting ltr (Final): Notification ltr (if non-pickup): Call OI: After call ltr to OI:
10/04/2020	PLS SEE VIEWS FOR DETAILS	**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:	S$ 19,150.00 (22 days) Reduction: 66 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 10/04/2020	Confirm with Shi Yiing	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 5	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 19,150.00		
Loss of Rental (LOR):	S$ 2,100.00 (days)		
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$		
Medical:	S$		1) Claim status: Normal [redacted]
Disbursement:	S$ 250.00	(e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$		3) Survey fee: $600.00
Total:	S$ 21,500.00	**Global Sum S$:** 21,000.00	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ 21,000.00	Name 1: Choo Motor Spray Painter	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	