15/5/2010

INS. CASE OWNER: PRIYA | CC4/III19020801/Qpa3 | LKK: IDAC:

ASSIGNMENT

Surveyor: OSP DOI: 25/11/19 19:40 Date / Time : 25.11.2019

Registered in Merimen: 25.11.2019

Pre-assign / CCU / FTE

Insured Vehicle No. : SHB 4155E 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 : 14/11/2019 22:05 Place of Accident : ALONG ROAD CLEMENTI ROAD LAMP POST 33

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

If **NO**, Driver Name / Age : LIM CHEE MENG OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : +65-91018592 (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

GBE 1696K → → →

INSRS: WSP: HUA HONG Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	GBE 1696K - X
	SHB 4155E - CC3/AIG17002985/H1eg3q2; DOA: 11.2.17
	- CC3/III15021518/Khg3q2; DOA: 13.12.15
	- CC3/AIG14004329/H1ha3s2; DOA: 4.3.14

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:	

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: 1/sum S$ 17W.W (15 days) Reduction: 43 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 14/6/201 Confirm with Jeneen Email ☐ Call ☐

Final Liability: % 50 (Agreed / Assessed) BOLA S/N No. : NIL. If NO or B 28, Ass. Lia :

Repair Cost: 18190.W S$ 9095.W

Loss of Rental (LOR): 15W.W S$ 750.W (15 days) x$1W

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$

Disbursement: S$ 150.00 (e.g. Tow/ Independent)

Legal Cost S$

Total: S$ 9995.W **Global Sum S$:** 9900.W

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee: $ 6W.W

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

Payee 1:	S$ 990.W	Name 1:	Hua Hong Pte Ltd
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	