15/5/2010

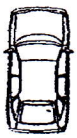
INS. CASE OWNER: DANIEL POOI | CC4/III19021054/Kga3 | LKK: IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 28.11.2019 Date / Time : 28.11.2019

Registered in Merimen: 28.11.2019

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 3614Z Claim No. :

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

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

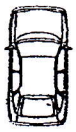
Excess Sec II :S$ D.O.A : 26/11/2019 11:55 Place of Accident : MARINA BOULEVARD

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

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

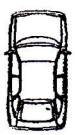
Driver Tel No. : +65-93682896 (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SLZ 112G → → →

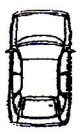


INSRS:
WSP: K KIM HIN
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SLZ 112G SHC 3614Z ~~CC3/QBE19021063/Fea3; DOA: 26.11.19~~	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
	*** CLAIMING EASH OTHERS ***	Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
26/12 -	Req AVP from TP	Call OI:	
17/3 -	Pending liability approval	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: 45	S$ 3450.00 (6 days)	Reduction: ~~$6,731.31~~ % 66	Email ☑	Call ☐
FINAL SETTLEMENT	Date/Time: 6/12/2021	Confirm with Carin.	Email ☐	Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 15.	If NO or B 28, Ass. Lia :	
Repair Cost:	S$ 3,691.50	(w/GST)		
Loss of Rental (LOR):	S$ 960.00 (8 days)	x $120		
Loss of Use (LOU):	S$ ($ x days)			
Loss of Income (LOI):	S$ ($ x days)			
LOR only ☑ LOU only ☐	LOR + LOU ☐	LOR + LOI ☐ [Tick only one]		
GIA/LTA Search	S$ 7.45			
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:	$500/-
Total:	S$ 4,658.95	**Global Sum S$:**		

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑	Call ☐
Payee 1:	S$ 4,658.95	Name 1:	K. Kim Hin Auto Pte Ltd	
Payee 2: (Strike if N.A.)	S$	Name 2:		
Payee 3: (Strike if N.A.)	S$	Name 3:		