15/5/2010

INS. CASE OWNER: DANIEL POOI | CC3/III19021446/Kpa3 | LKK: IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 03/12/2019 Date / Time : 03/12/2019
Registered in Merimen: 03.12.2019

Pre-assign / CCU / FTE

Insured Vehicle No. : SHC 3934A
Name of Insured : COMFORT TRANSPORTATION PTE LTD
Insured Tel No. : HP:
Excess Sec II :S$ D.O.A : 27/11/2019 14:40
Is driver the owner? (YES / NO) Nature of Accident :
If NO, Driver Name / Age : KWAN YIN KEE
Driver Tel No. : +65-94766392 (V/L: YES / NO)

Claim No. :
Policy No. : MCOM0015
Make / Model : HYUNDAI I40
Place of Accident : SERANGOON CENTRAL TWDS YIO CHU KANG

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
Insured Liability : % **Final ? Yes / No**

SHD 9148H → → →

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

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SHD 9148H - CC4/AXA18003868/R1pb3; DOA:22.02.18	Non-Reporting ltr (1st):	
	- NA/TMI17022898/r3; DOA : 01.12.17	Non-Reporting ltr (2nd):	
	SHC 3934A - X	Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
16/04/2020	Pls refer to 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: P/P S$ 1,654.03 (2 days) Reduction: 92 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time 16/04/2020 Confirm with Jasmine Email ✓ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 1,769.81	
Loss of Rental (LOR):	S$ 340.20 (3 days) x $113.40	
Loss of Use (LOU):	S$ ($ x days)	
Loss of Income (LOI):	S$ ($ x days)	
LOR only ✓ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]		
GIA/LTA Search	S$	1) Claim status: Normal/Reject Private Sedan
Medical:	S$	2) Report Format: TP
Disbursement:	S$ (e.g. Tow/ Independent)	3) Survey fee: $600.00
Legal Cost	S$	
Total:	S$ 2,110.01 **Global Sum S$:**	

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

Payee 1:	S$ 2,110.01	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:	