15/5/2010

INS. CASE OWNER: AIDA | CC4/III19022226/Kpa3 | LKK: IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 26/12/2019 Date / Time : 16/12/2019

Registered in Merimen: 17/12/2019

Pre-assign / CCU / FTE

Insured Vehicle No. : SHA 6541R 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 : 12/12/2019 Place of Accident : TECK THYE LANE

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

If **NO**, Driver Name / Age : KADEL B IBRAHIM OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : +65-88939488 (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SDG 5488J → → →

INSRS:
WSP: CHENG
Tel : HOE
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SDG 5488J - X SHA 6541R - CS/III18016067/Krbs2; DOA:30.08.18 - CC3/LCR17016145/K1wa3q2; DOA:16.08.17 - CC6/III17006649/Dpb3q2; DOA: 23.03.17
21/04/2020	Pls refer to Views for details.

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: P/P	S$ 2,349.65 (4 days) Reduction: 9 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 20/03/2020	Confirm with June	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 9		If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 2,514.13		
Loss of Rental (LOR):	S$ (days)		
Loss of Use (LOU):	S$ 500.00 ($100 x 5 days)		
Loss of Income (LOI):	S$ ($ 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$ (e.g. Tow/ Independent)		2) Report Format: TP
Legal Cost	S$		3) Survey fee: $350.00
Total:	S$ 3,014.13	**Global Sum S$:**	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ 3,014.13	Name 1: Cheng Hoe Motor Pte Ltd	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	