15/5/2010

INS. CASE OWNER: Sundari Nagarajan | CC3/III19022385/Kpa3 | LKK: IDAC:

## ASSIGNMENT

Surveyor: KENNETH DOI: 19/12/2019 Date / Time : 19/12/2019

Registered in Merimen: 20/12/2019

**Pre-assign / CCU / FTE**

Insured Vehicle No. : SHA 3213H Claim No. :

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

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

**Excess Sec II :S$** D.O.A : 18/12/2019 Place of Accident : AIRPORT BLVD >> T3

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

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

Driver Tel No. : +65-90045078 (V/L: YES / NO ) Insured Liability : % **Final ? Yes / No**

SHD 9787M → → →

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

| Date/ Time | | STAGE | DATE / PIC |
|---|---|---|---|
| | SHD 9787M - X | Non-Reporting ltr (1st): | |
| | SHA 3213H - NS/INC16019704/H1gh3n2 ; DOA: 14.10.2016 | Non-Reporting ltr (2nd): | |
| | - CS3/III13014805/Stk3; DOA: 10.08.2013 | Non-Reporting ltr (Final): | |
| | | Notification ltr (if non-pickup): | |
| | | Call OI: | |
| 28/04/2020 | Pls refer to Views for details. | 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: L/sum S$ 5,050.00 ( 4 days) Reduction: 93 % Email [ ] Call [ ]

**FINAL SETTLEMENT** Date/Time 28/04/2020 Confirm with Wai Yin Email [✓] Call [ ]

| | | | |
|---|---|---|---|
| Final Liability: | % 100 (Agreed / Assessed) BOLA S/N No. : 28 | If NO or B 28, Ass. Lia : | 100 |
| Repair Cost: w/GST | S$ 5,403.50 | | |
| Loss of Rental (LOR): | S$ 405.65 ( 5 days) x $81.13 | | |
| Loss of Use (LOU): | S$ ($ x days) | | |
| Loss of Income (LOI): | S$ 200.00 ($ 40 x 5 days) | | |
| LOR only [ ] LOU only [ ] LOR + LOU [ ] LOR + LOI [✓] [Tick only one] | | | |
| GIA/LTA Search | S$ | | |
| Medical: | S$ | 1) Claim status: Normal/R[redacted] | |
| Disbursement: | S$ (e.g. Tow/ Independent ) | 2) Report Format: | TP |
| Legal Cost | S$ | 3) Survey fee: | $600.00 |
| **Total:** | S$ 6,009.15 **Global Sum S$:** 6,000.00 | | |

**FINAL PAYMENT** Date/Time: Confirm with: Email [✓] Call [ ]

| | | | |
|---|---|---|---|
| Payee 1: | S$ 6,000.00 | 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: | |