

Surveyor:

RASUL

DOI:

ASSIGNMENT

30/12/2019

Date / Time: 30/12/2019

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 1749S

Claim No. : D19007953MFSH

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Policy No. : D-19092580MFSH

Insured Tel No. : HP:

Make / Model : HYUNDAI I40

Excess Sec II : \$\$

D.O.A : 15/12/2019 15:50

Place of Accident : ALONG JURONG WEST AVENUE 2 TOWARDS PIE

Is driver the owner?

( YES / ☒ NO )

Nature of Accident :

If NO, Driver Name / Age : WONG YEW KEE

OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NO

Driver Tel No. :

+65-97313719

(V/L: YES / NO )

Insured Liability :

% Final ? Yes / No

SGT 8141K



INSRS:

WSP: PREMIUM

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC
	SHA1749S - CS/FCI19020631/Ktd3; DOA : 18.11.19	
	- NS/INC19007559/K1vd3n2; DOA: 26.4.19	
	- CC4/EQ116012557/M1wb3q2; DOA : 04.07.16	
	SGT8141K- X	
12/01/20	- PUA APPROVED	
12/01/20	- PUA REVIEWED. OLD RATE - ENDED TP	
12/01/20	- FINALISED	
13/02/2020	- TYPE REPORT FOR UNKNOWN APPROVAL	
13/02/2020	- REPORT DONE	
11/01/2020	only used or.	
24/01/2020	settled & closed.	
	Documentation Check List:	
	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: 02/01/20	Sent By:
FINALIZATION	Date/Time: 4,494.00	Confirm with:
Repair Cost: P/B	\$S 4,494.00 ( 5 days) Reduction: 67 %	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time: 24/06/2020	Confirm with: NADIA
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia : GOLD RATE - ENDED TP
Repair Cost: (w/gst)	\$S 4,808.58	
Loss of Rental (LOR):	\$S - ( days)	
Loss of Use (LOU):	\$S 400.00 (\$ 80 x 5 days)	
Loss of Income (LOI):	\$S - (\$ x days)	
LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]		
GIA/LTA Search	\$S 7.45	
Medical:	\$S -	
Disbursement:	\$S - (e.g. Tow/ Independent )	
Legal Cost	\$S -	
Total:	\$S 5,216.03	Global Sum \$S: -
FINAL PAYMENT	Date/Time:	Confirm with:
Payee 1:	\$S 5,216.03	Name 1: PREMIUM AUTOMOBILE PTE LTD.
Payee 2: (Strike if N.A.)	\$S -	Name 2: -
Payee 3: (Strike if N.A.)	\$S -	Name 3: -