15/5/2010

INS. CASE OWNER: ~~CC4/FCI20000129/ ka3~~

LKK:

IDAC:

ASSIGNMENT CC4/FCI20000129/Upa3q2

Surveyor: Marcus DOI: 02/09/2020 Date / Time : 02/01/2020

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : SHA 1388A Claim No. : D19006354MFSH

Name of Insured : COMFORT TRANSPORTATION PTE LTD Policy No. : D-18088936MFSH

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

Excess Sec II :S$ D.O.A : 02/10/2019 02:35 Place of Accident : BEDOK SOUTH AVE 1 BLK 2A MSCP

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

If **NO**, Driver Name / Age : TAN CHIN HOCK OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : +65-94483893 (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SJB 8875K → → →

INSRS: WSP: HOCK WAH Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

Date/ Time		STAGE	DATE / PIC
	SJB 8875K - CC6/AXA14006539/Kry3q2; DOA: 06.04.2014	Non-Reporting ltr (1st):	
	SHA 1388A - CS/TP16020224/M1vbs2; DOA: 03.08.2016	Non-Reporting ltr (2nd):	
	- CC3/AIG16001383/M1wb3q2; DOA:18.01.2016	Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
08/01/2021	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:	
PRELIMINARY ADVICE	Date/Time: Sent By:	Post-Repair Photos:	
		Others:	

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: L/sum	S$ 1,000.00 (2 days) Reduction: 50 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 08/01/2021 Confirm with Anysia		Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL		If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 1,070.00		
Loss of Rental (LOR):	S$ (days)		
Loss of Use (LOU):	S$ 100.00 ($ 50 x 2 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/~~Reject/Private Settle~~
Disbursement:	S$ (e.g. Tow/ Independent)		2) Report Format: TP
Legal Cost	S$		3) Survey fee: $350.00
Total:	**S$** 1,170.00	**Global Sum S$:**	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ 1,170.00	Name 1:	Hock Wah Motor Workshop Pte Ltd
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	