15/5/2010

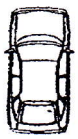
INS. CASE OWNER: JASON TEA | CC4/FCI20000404/Aka3 | LKK: IDAC:

ASSIGNMENT

Surveyor: ADRIAN DOI: 07/01/2020 Date / Time : 07/01/2020

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SH 7749K Claim No. : D20000159MFSH

Name of Insured : COMFORT TRANSPORTATION PTE LTD Policy No. : D-19092580MFSH

Insured Tel No. : HP: Make / Model : HYUNDAI I40

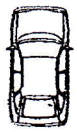
Excess Sec II :S$ D.O.A : 18/12/2019 10:10 Place of Accident : ROCHOR FLYOVER > BEACH RD.

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

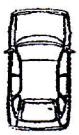
If **NO**, Driver Name / Age : TAY CHIN SIAH OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : +65-91267360 (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

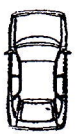
SMN 1876E → → →



INSRS:
WSP: MG SOLUTION
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SMN 1876E SH 7749K CS/EQI19022556/Fvf3e2; DOA: 18.12.2019 - CC4/FCI19022534/Adb3; DOA: 07.12.19 - CS/FCI15019814/Uqbc2; DOA: 18.11.15 - CS3/FCI15019776/Fgbc2; DOA: 18.11.15

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: L/S S$ 3000.00 (5 days) Reduction: $1284.62 % 53 Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 16/4/2021 Confirm with SM Email ✓ Call ☐

Final Liability: % 50 (Agreed / Assessed) BOLA S/N No. : 19 (w/GST) If NO or B 28, Ass. Lia :

Repair Cost: $3210.00 S$ 1605.00

Loss of Rental (LOR): S$ (days) OI doing counter claim.

Loss of Use (LOU): $300 S$ 150.00 ($ 50 x 6 days)

Loss of Income (LOI): S$ ($ x days)

LOR only ☐ LOU only ✓ LOR + LOU ☐ LOR + LOI ☐ **[Tick only one]**

GIA/LTA Search S$ 29.00

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/-

Total: S$ 1784.00 **Global Sum S$:**

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

Payee 1:	S$ 1784.00	Name 1:	MG Solution Pte Ltd
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	