15/5/2010

INS. CASE OWNER: MAY CHUA | CC4/FCI20000599/Kea3 | LKK: IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 09/01/2020 Date / Time : 09/01/2020

Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. : SHD 4190S Claim No. : D20000225MFSH

Name of Insured : COMFORT TRANSPORTATION PTE LTD Policy No. : D-20094922MFSH

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

Excess Sec II :S$ D.O.A : 06/01/2020 12:30 Place of Accident : ALONG CTE TOWARDS SLE

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

If NO, Driver Name / Age : LEE KAI HUAT OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : +65-96219985 (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SGT 5033J →

INSRS: WSP: K KIM HIN Tel : Liability : RMKS:

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Date/ Time		STAGE	DATE / PIC
	SGT 5033J - X SHD 4190S - X	Non-Reporting ltr (1st):	
	Type text here	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: KSC

Repair Cost: L/S S$ 4,500.00 (7 days) Reduction: 53 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 14.05.21 Confirm with CARIN Email ☐ Call ☐

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27 If NO or B 28, Ass. Lia :

Repair Cost: w/GST S$ 4,815.00 OID REAR ENDED TP

Loss of Rental (LOR): S$ - (days)

Loss of Use (LOU): S$ 1,000.00 ($ 100 x 10 days)

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

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

GIA/LTA Search S$ 7.45

Medical: S$ -

Disbursement: S$ - (e.g. Tow/ Independent)

Legal Cost S$ -

Total: S$ 5,822.45 **Global Sum S$:**

1) Claim status: Normal/[redacted]

2) Report Format: TP

3) Survey fee: $350

FINAL PAYMENT Date/Time: 14.05.21 Confirm with: CARIN Email ☐ Call ☐

Payee 1:	S$ 5,822.45	Name 1:	K KIM HIN AUTO PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	