

INS. CASE OWNER:

MAY CHUA

CC4/FCI20000599/Kea3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

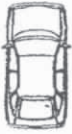
KENNETH

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:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SGT 5033J - X	SHD 4190S - X	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: _____ 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				
Repair Cost: w/GST S\$ 4,815.00				
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\$: _____				
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: _____				