

INS. CASE OWNER:

ASSIGNMENT

Surveyor: BRYANDOI: 16/01/2020Date / Time: 16/01/2020Registered in Merimen: 16/01/2020

Pre-assign / CCU / FTE

Insured Vehicle No. : SHD 3033U
Name of Insured : COMFORT TRANSPORTATION PTE LTD

Claim No. : _____ X

Policy No. : MCOM0015Insured Tel No. : _____ HP: _____
Excess Sec II :S\$ _____ D.O.A : 14/01/2020 22:10Make / Model : HYUNDA I40Place of Accident : PIE TWDS CHANGI AIRPORT LAMP POST 170Is driver the owner? (YES / ☒ NO) Nature of Accident : _____If NO, Driver Name / Age : YEO BOON TOCKOI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NODriver Tel No. : +65-96281539 (V/L: YES / NO)

Insured Liability : _____ % Final ? Yes / No

SHC 272X

INSRS:
WSP: BIFROST AUTO
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SHC 272X - CS/FCI15001921/Agbk3; DOA: 28.01.2015	STAGE	DATE / PIC
	SHD 3033U - CC4/III19018417/R1pb3; DOA: 09.10.2019	Non-Reporting ltr (1st):	
	- CC4/III18013397/T1ub3q2; DOA: 21.07.18	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\$ 23,000.00 (16 days) Reduction: 33,440.36 % 59 Email ☐ Call ☐			
FINAL SETTLEMENT Date/Time: 20/05/2020 Confirm with MR LEE Email ☒ Call ☐			
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 28 If NO or B 28, Ass. Lia : C.C (OI LAST)			
Repair Cost: (W/GST) S\$ 24,610.00			
Loss of Rental (LOR): S\$ 3254.94 (26 days) x \$125.19			
Loss of Use (LOU): S\$ (\$ x days)			
Loss of Income (LOI): S\$ 1040.00 (\$40 x 26 days)			
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☒ [Tick only one]			
GIA/LTA Search S\$			
Medical: S\$			
Disbursement: S\$ 40.00 (e.g. ☒ Fee / Independent)			
Legal Cost S\$			
Total: S\$ 28,944.94 Global Sum S\$: 28,900.00			
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email ☒ Call ☐			
Payee 1: S\$ 28,900.00 Name 1: BIFROST AUTO PTE LTD			
Payee 2: (Strike if N.A.) S\$ Name 2:			
Payee 3: (Strike if N.A.) S\$ Name 3:			