

INS. CASE OWNER: RACHEL WU

CC4/FCI20001080/Σka3

LKK:
IDAC:

ASSIGNMENT

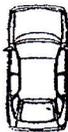
Surveyor: STENG

DOI: 20/01/2020

Date / Time: 15/01/2020

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 8238T

Claim No. : D20000318MFSH

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Policy No. : D-20094922MFSH

Insured Tel No. : _____ HP: _____

Make / Model : MERCEDES-BENZ E220

Excess Sec II :S\$ _____ D.O.A : 10/01/2020 17:15

Place of Accident : UPP CHANGI RD >> XILIN AVE

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

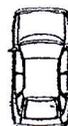
If NO, Driver Name / Age : CHEW BOON SENG

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : +65-96228066 (V/L: YES / NO)

Insured Liability : % Final ? Yes / No

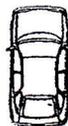
SMQ 36D



INSRS:
WSP: WEARNES
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SMQ 36D - X	STAGE	DATE / PIC
	SHC 8238T -CC3/AIG17008184/H1wb3q2; DOA: 22.04.17	Non-Reporting ltr (1st):	
	- CC3/AIG16016109/H1wb3q2; DOA: 25.08.16	Non-Reporting ltr (2nd):	
	- NS/INC16007731/H1vbc2; DOA : 19.04.16	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)	<input type="checkbox"/> <input type="checkbox"/>
		After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
		PIR:	<input type="checkbox"/> <input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
		LOD	<input type="checkbox"/> <input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
		Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____

Repair Cost: PIP S\$ 44,510.60 (5 days) Reduction: \$21,344.40 % 32 Email Call

FINAL SETTLEMENT Date/Time: 10/2/2020 Confirm with Christine Email Call

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

Repair Cost: S\$ 47,626.24 (w/GST)

Loss of Rental (LOR): S\$ 1337.50 (5 days) x \$267.50 (w/GST)

Loss of Use (LOU): S\$ (\$ x days)

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

LOR only LOU only LOR + LOU LOR + LOI [Tick only one]

GIA/LTA Search SS

Medical: SS

Disbursement: SS (e.g. Tow/ Independent)

Legal Cost SS

Total: S\$ 48,963.84 Global Sum S\$:

FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email Call

Payee 1: S\$ 48,963.84 Name 1: Wearnes Automotive Pte Ltd

Payee 2: (Strike if N.A.) SS Name 2:

Payee 3: (Strike if N.A.) SS Name 3:

ax

TP \$600/-