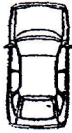


INS. CASE OWNER: **SUNDARI**

CC4/III20001902/Kga3

LKK:

IDAC:

ASSIGNMENTSurveyor: **KENNETH**DOI: **04/02/2020**Date / Time : **04/02/2020**Registered in Merimen: **04/02/2020****Pre-assign / CCU / FTE**Insured Vehicle No. : **SHA 3533J**

Claim No. : _____

X

Name of Insured : **COMFORT TRANSPORTATION PTE LTD**Policy No. : **MCOM0015**

Insured Tel No. : _____ HP: _____

Make / Model : **HYUNDAI I40**Excess Sec II :S\$ _____ D.O.A : **13/01/2020 09:30**Place of Accident : **ALONG PATERSON HILL**Is driver the owner? (YES / ☒ NO) Nature of Accident : _____If NO, Driver Name / Age : **DON WONG HONG YEOW**OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NODriver Tel No. : **+65-96397927** (V/L: YES / NO)Insured Liability : % **Final ? Yes / No****SKM 1892L**INSRS:
WSP: **AUTOWORX**
Tel : **HOUSE**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SHA 3533J - NS/INC19019219/K1sf3n2; DOA: 30.10.19 - CC4/III18010073/Gwb3q2; DOA: 02.06.18	STAGE DATE / PIC
	SKM 1892L - X	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: _____
FINALIZATION	Date/Time: _____ Confirm with: _____	Confirm by: _____
Repair Cost: US	S\$ 4150.00 (5 days) Reduction: \$15,452.50% 79	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 29/1/2021 Confirm with late.	Email ☒ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 9	If NO or B 28, Ass. Lia : old turn into main road.
Repair Cost:	S\$ 4150.00	
Loss of Rental (LOR):	S\$ 898.80 (7 days) * \$128.40(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	S\$ 7.45	
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: \$600.00.
Total:	S\$ 5056.25 Global Sum S\$:	
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☒ Call ☐
Payee 1:	S\$ 5056.25 Name 1: Autoworx House	
Payee 2: (Strike if N.A.)	S\$ Name 2: _____	
Payee 3: (Strike if N.A.)	S\$ Name 3: _____	