15/5/2010

INS. CASE OWNER: SUNDARI | CC4/III20001902/Kga3 | LKK: IDAC:

ASSIGNMENT

Surveyor: 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. :

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

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 / NO

Driver Tel No. : +65-96397927 (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SKM 1892L → → →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: AUTOWORX	WSP:	WSP:	WSP:
Tel : HOUSE	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
	SHA 3533J - NS/INC19019219/K1sf3n2; DOA: 30.10.19
	- CC4/III18010073/Gwb3q2; DOA: 02.06.18
	SKM 1892L - X
21/2	Email liability clear.

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:

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: 20/4/2021 Confirm with Jake. Email ☑ Call ☐

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 9 If NO or B 28, Ass. Lia :

Repair Cost: S$ 4150.00 OLD Turn into main road.

Loss of Rental (LOR): S$ 898.80 (7 days) x $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:	