15/5/2010

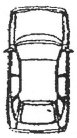
INS. CASE OWNER: May Chua | CC4/FCI20001919/ F da3 | LKK: IDAC:

ASSIGNMENT

Surveyor: RAM DOI: 4/2/2020 Date / Time : 03/02/2020

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA1370A Claim No. : D20000695MFSH X

Name of Insured : COMFORT TRANSPORTATION PTE LTD Policy No. : D-20094922MFSH

Insured Tel No. : HP: Make / Model : HYUNDAI I40

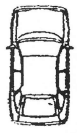
Excess Sec II :S$ D.O.A : 20/01/2020 20:05 Place of Accident : FINLAYSON GREEN X RAFFLES QUAY

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

If **NO**, Driver Name / Age : CHAN GUAN HENG OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

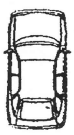
Driver Tel No. : +65-92995312 (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SGE 9079E → → →

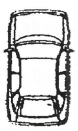


INSRS:
WSP: BIFROST AUTO
Tel :
Liability : Revolution
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SHA 1370A - CC3/AIG16012347/H1ua3n2; DOA: 30.06.16	**STAGE** **DATE / PIC**
	SGE 9079E - X	Non-Reporting ltr (1st):
		Non-Reporting ltr (2nd):
	Survey Type WITHOUT PREJUDICE: LIABILITY NOT CLEAR	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: S$ 2,350.00 (5 days) Reduction: 83 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: Confirm with Email ☐ Call ☐

Final Liability:	% (Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost:	S$	
Loss of Rental (LOR):	S$ (days)	
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$	
Medical:	S$	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ (e.g. Tow/ Independent)	2) Report Format: WP
Legal Cost	S$	3) Survey fee: $312
Total:	**S$** **Global Sum S$:**	($170+$45+$50+$47)

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

Payee 1:	S$	Name 1:	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	