15/5/2010

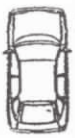
INS. CASE OWNER: RACHEL WU | CC4/FCI20001952/T1ea3 | LKK: IDAC:

ASSIGNMENT

Surveyor: TAUFIKH DOI: 04/02/2020 Date / Time : 03/02/2020

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SHD 7178J Claim No. : D20000532MFSH 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 : 19/01/2020 22:00 Place of Accident : CARPARK EXIT - KALLANG WAY

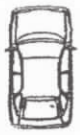
Is driver the owner? (YES / NO) Nature of Accident :

If **NO**, Driver Name / Age : MOHAMED SAFIE BIN KALIL OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : +65-84536116 (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

FBF 9530Y → → →

INSRS:
WSP: A.S. PHOON
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	FBF 9530Y - NM/INC16004511/h4; DOA: 27.01.2016	Non-Reporting ltr (1st):	
	SHD 7178J - CS/FCI18012560/K1tbq2; DOA: 08.07.18	Non-Reporting ltr (2nd):	
	- CC4/AXA17006999/M1pb3; DOA: 06.04.17	Non-Reporting ltr (Final):	
	Instructions To Surveyor WITHOUT PREJUDICE: LIABILITY CLEAR	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: MTH

Repair Cost: L/S S$ 1,400.00 (5 days) Reduction: 60 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 15.10.20 Confirm with KEE KEE Email ☐ Call ☐

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

Repair Cost: w/GST S$ 1,498.00

Loss of Rental (LOR): S$ - (days)

Loss of Use (LOU): S$ 150.00 ($ 30 x 5 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$ -

Disbursement: S$ - (e.g. Tow/ Independent)

Legal Cost S$ -

1) Claim status: Normal ~~Reject/Private Settle~~

2) Report Format: TP

3) Survey fee: $350

Total: S$ 1,648.00 **Global Sum S$:**

FINAL PAYMENT Date/Time: 15.10.20 Confirm with: KEE KEE Email ☐ Call ☐

Payee 1:	S$ 1,648.00	Name 1:	A.S. PHOON PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	