

INS. CASE OWNER: JOANNE YONG

CC4/FCI20002268/~~R1ba3~~

LKK:

IDAC:

Surveyor:

MPB

DOI:

ASSIGNMENT  
10/02/2020

Date / Time : 10/02/2020

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SHD 3127H

Claim No. : D20000797MFSH 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 : 01/02/2020 18:35

Place of Accident : CLAYMOORE RD

Is driver the owner? ( YES / ☒ NO )

Nature of Accident :

If NO, Driver Name / Age : CHEW CHIN HUA

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

Driver Tel No. : +65-96239989

(V/L: YES / NO )

Insured Liability : % Final ? Yes / No

SLB 7882Y

INSRS:  
WSP: HITACHI  
Tel: CAPITAL  
Liability:  
RMKS:INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:

Date/ Time		STAGE	DATE / PIC
	SHD 3127H - CS/FCI18009955/T1qbe2; DOA : 25.5.18	Non-Reporting ltr (1st):	
	SLB 7882Y - X	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)	<input type="checkbox"/>
		After call ltr to OI:	<input checked="" type="checkbox"/>
		Authorisation To Act:	<input checked="" type="checkbox"/>
		Release Voucher:	<input checked="" type="checkbox"/>
		Final Repair Bill:	<input checked="" type="checkbox"/>
		Car Rental Invoice:	<input checked="" type="checkbox"/>
		Towing Invoice	<input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/>
05/10/2020	SETTLED AND CLOSED / FILE IN DRAWER	Medical Bill:	<input type="checkbox"/>
		PIR:	<input type="checkbox"/>
		Mandate/Reject Instruction:	<input checked="" type="checkbox"/>
		LOD	<input checked="" type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/>
		Post-Repair Photos:	<input type="checkbox"/>
		Others:	<input type="checkbox"/>

<b>PRELIMINARY ADVICE</b> Date/Time:		Sent By:		Confirm by:	
<b>FINALIZATION</b> Date/Time:		Confirm with:		Confirm by:	
Repair Cost: P/P	S\$ 7,901.00 ( 7 days) Reduction: 40.29 %	Email <input type="checkbox"/> Call <input type="checkbox"/>			
<b>FINAL SETTLEMENT</b> Date/Time: 01/10/2020		Confirm with JAMILAH		Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :			
Repair Cost: (W/GST)	S\$ 8,454.07	OID make u turn			
Loss of Rental (LOR):(W/GST)	S\$ 636.65 ( 7 days) x \$85.00				
Loss of Use (LOU):	S\$ (\$ x days)				
Loss of Income (LOI):	S\$ (\$ x days)				
LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [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: TP			
Legal Cost	S\$	3) Survey fee: \$500.00			
<b>Total:</b>	S\$ 9,090.72	<b>Global Sum S\$:</b>			
<b>FINAL PAYMENT</b> Date/Time:		Confirm with:		Email <input type="checkbox"/> Call <input type="checkbox"/>	
Payee 1:	S\$ 9,090.72	Name 1:	HITACHI CAPITAL ASIA PACIFIC PTE LTD		
Payee 2: (Strike if N.A.)	S\$	Name 2:			
Payee 3: (Strike if N.A.)	S\$	Name 3:			