

INS. CASE OWNER:

JASON TEA

CC4/FCI20002793/Eda3

LKK:

IDAC:

Surveyor:

STEVE

DOI:

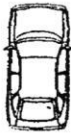
ASSIGNMENT

17/02/2020

Date / Time : 17/02/2020

Registered in Merimen: \_\_\_\_\_

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 4409D

Claim No. : D20000936MFSH

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Policy No. : D-20094922MFSH

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : HYUNDAI IONIQ

Excess Sec II :S\$

D.O.A : 10/02/2020 09:40

Place of Accident : INTERNATIONAL BUSSINESS PARK

Is driver the owner? ( YES / ☒ NO )

Nature of Accident : \_\_\_\_\_

If NO, Driver Name / Age : LIM LAY ENG

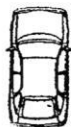
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : +65-93274137

(V/L: YES / NO )

Insured Liability : % Final ? Yes / No

SH 9248B

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

| Date/ Time                                          | STAGE                             | DATE / PIC                                                            |
|-----------------------------------------------------|-----------------------------------|-----------------------------------------------------------------------|
| SH 9248B - CC3/AIG14023925/H1wy3q2 ; DOA : 24.12.14 | Non-Reporting ltr (1st):          |                                                                       |
| CC3/AIG15004572/M1wa3q2 ; DOA : 13.3.15             | Non-Reporting ltr (2nd):          |                                                                       |
| SHA 4409D - CC3/AIG12010254/H1a2g2y; DOA : 22.05.12 | Non-Reporting ltr (Final):        |                                                                       |
| CC3/FCI15011395/Kgy3d1 ; DOA : 07/05/15             | Notification ltr (if non-pickup): |                                                                       |
| CS/OAC08032420/Cbn ' DOA : 04.12.08                 | Call OI:                          |                                                                       |
|                                                     | After call ltr to OI:             |                                                                       |
|                                                     | Documentation Check List:         | Handler Typist                                                        |
|                                                     | Notification ltr (if non-pickup)  | <input type="checkbox"/> <input type="checkbox"/>                     |
|                                                     | After call ltr to OI:             | <input type="checkbox"/> <input type="checkbox"/>                     |
|                                                     | Authorisation To Act:             | <input checked="" type="checkbox"/> <input type="checkbox"/>          |
|                                                     | Release Voucher:                  | <input checked="" type="checkbox"/> <input type="checkbox"/>          |
|                                                     | Final Repair Bill:                | <input checked="" type="checkbox"/> <input type="checkbox"/>          |
|                                                     | Car Rental Invoice:               | <input checked="" type="checkbox"/> <input type="checkbox"/>          |
|                                                     | Towing Invoice                    | <input type="checkbox"/> <input type="checkbox"/>                     |
|                                                     | LTA / GIA :                       | <input type="checkbox"/> <input type="checkbox"/>                     |
|                                                     | Medical Bill:                     | <input type="checkbox"/> <input type="checkbox"/>                     |
|                                                     | PIR:                              | <input type="checkbox"/> <input type="checkbox"/>                     |
|                                                     | Mandate/Reject Instruction:       | <input checked="" type="checkbox"/> <input type="checkbox"/>          |
|                                                     | LOD                               | <input checked="" type="checkbox"/> <input type="checkbox"/>          |
|                                                     | Payment Breakdown Form:           | <input type="checkbox"/> <input type="checkbox"/>                     |
| PRELIMINARY ADVICE Date/Time:                       | Sent By:                          | Post-Repair Photos: <input type="checkbox"/> <input type="checkbox"/> |
|                                                     |                                   | Others: <input type="checkbox"/> <input type="checkbox"/>             |

|                                                                                                                                                      |                                       |                              |                                                                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|------------------------------|-------------------------------------------------------------------------|
| <b>FINALIZATION</b>                                                                                                                                  | Date/Time:                            | Confirm with:                | Confirm by:                                                             |
| Repair Cost: S\$ 8050.00                                                                                                                             | ( 8 days) Reduction: 58 %             |                              | Email <input type="checkbox"/> Call <input type="checkbox"/>            |
| <b>FINAL SETTLEMENT</b>                                                                                                                              | Date/Time: 24/8/2020                  | Confirm with Mr Lee          | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |
| Final Liability: % 100                                                                                                                               | (Agreed / Assessed) BOLA S/N No. : 27 |                              | If NO or B 28, Ass. Lia :                                               |
| Repair Cost: (w/hjt) S\$ 8613.50                                                                                                                     |                                       |                              |                                                                         |
| Loss of Rental (LOR): S\$ 1391.17                                                                                                                    | ( 11 days) x \$126.47                 |                              |                                                                         |
| Loss of Use (LOU): S\$ -                                                                                                                             | ( \$ x days)                          |                              |                                                                         |
| Loss of Income (LOI): S\$ 550.00                                                                                                                     | ( \$ 50 x 11 days)                    |                              |                                                                         |
| LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input checked="" 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: 7P                                                    |
| Legal Cost                                                                                                                                           | S\$ -                                 |                              | 3) Survey fee: \$600                                                    |
| <b>Total:</b>                                                                                                                                        | S\$ 10554.67                          | <b>Global Sum S\$:</b>       |                                                                         |
| <b>FINAL PAYMENT</b>                                                                                                                                 | Date/Time:                            | Confirm with:                | Email <input type="checkbox"/> Call <input type="checkbox"/>            |
| Payee 1:                                                                                                                                             | S\$ 10554.67                          | Name 1: Bifrost Auto Pte Ltd |                                                                         |
| Payee 2: (Strike if N.A.)                                                                                                                            | S\$                                   | Name 2:                      |                                                                         |
| Payee 3: (Strike if N.A.)                                                                                                                            | S\$                                   | Name 3:                      |                                                                         |