	12				

INS. CASE OWNER:

KAREN TAN

CC4/FCI20003357/Aha3 ASSIGNMENT Aba3s2

ı	Т		ŀ	c	1	c	٠
н	-	7	_	-	_	_	
ı			_				_

ACCT	CHAIR ALEXANDE	
A331	GNMENT	

Surveyor:	ADRIAN DOI: 28/02/2020	<u> </u>	Date / Time : 28/02/2020			
Surveyor.			Registered in Merimen:			
Pre-assign / CCU	FTE					
Insured Vehicle No	CHC 80067	Claim No.	:		(VX	
Name of Insured	COMFORT TRANSPORTATION PTE LTD	Policy No.	:			
2_0				13.44		
Insured Tel No.	:HP: D.O.A : 26/02/2020 13:30	Make / Model	CHILLY CHILL KANG DE	RIVE		
Excess Sec II :S\$	D.O.A : 20/02/2020 13:30	Place of Accide	at:			
Is driver the owner	(YES / NO) Nature of Accident :					
If NO, Driver Nan	ne / Age :		RT: YES / NO ; TP GIA REPOR)	
Driver Tel 1	No.: (V/L: YES / NO)	Insured Liability	y: % Final? Yes			
SLW 4061J	→ →			KET		
INSRS: N-51 WSP: AUTON Tel: AUTON Liability: RMKS:	INSRS: WSP: Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability: RMKS:	INSRS WSP: Tel: Liabilii RMKS	ity:		
Date/ Time						
	SLW 4061J - X		STAGE	DATE / PI	C	
	SHC 8906Z - CC3/AIC09026959/Cwn; 27/11/20 CC3/AIG11003984/Djb3q2; 24/02	009	Non-Reporting ltr (1st): Non-Reporting ltr (2nd):			
	CC3/AIG11003904/DJ0042 , 24/02	12011	Non-Reporting ltr (Final):			
	MAR	7.,	Notification ltr (if non-pickup):			
	0 0.31		Call OI:			
			After call ltr to OI: Documentation Check List: Ha	ndler Typi	ist	
			Notification ltr (if non-pickup)	nuici zypi		
			After call ltr to OI:			
		7 10 7 14 1	Authorisation To Act:			
			Release Voucher:			
atal 797-15			Final Repair Bill:			
			Car Rental Invoice:			
			Towing Invoice			
			LTA / GIA :	$\overline{\mathbf{V}}$		
			Medical Bill:			
13/01/2021	SETTLED AND CLOSED / FILE IN DR	RAWER	PIR:			
	STRUCTOR TO STRUCTURE		Mandate/Reject Instruction:			
			LOD			
			Payment Breakdown Form:			
PRELIMINARY ADVICE	Date/Time: Sent By:		Post-Repair Photos: Others:			
	D. S.		Confirm by:			
FINALIZATION	Date/Time: Confirm with: \$\$ 4,000.00 (6 days) Reduction: 37.37	%	Email	Call		
Repair Cost: L/S FINAL SETTLEMENT	Date/Time: 13/01/2021 Confirm with MELODY	70	Email Call			
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL		If NO or B 28, Ass. Lia:			
Repair Cost: (W/GST)	ss 4,280.00					
Loss of Rental (LOR):	of Rental (LOR): S\$ 615.65 (7 days) X \$87.95		OID lost control			
Loss of Use (LOU):	s\$ 120.00 (\$ 60 x 2 days)					
Loss of Income (LOI):	S\$ (\$ x days)					
LOR only LOU only						
GIA/LTA Search	ss 7.45		1) Claim status Namal/Dairet	Private Sattle		
Medical:	S\$		Claim status: Normal/Reject/ Report Format:	TP		
Disbursement:	S\$ (e.g. Tow/ Independent)		3) Survey fee:	\$350	0.00	
Legal Cost	S\$ 5,023.10 Global Sum S\$: 4,900.0	00	10,000.00			
Total: FINAL PAYMENT	Date/Time: Confirm with:		Email Call			
		OMOTIV	VE PTE LTD			
Payee 1:	ss 4,900.00 Name 1: N-51 AUT	OIVIO IT	VEFIELIU			

Name 2:

Name 3:

S\$

S\$

Payee 2: (Strike if N.A.) Payee 3: (Strike if N.A.)