15/5/2010

INS. CASE OWNER: CC3/FCI20003686/Kha3s2

LKK:

IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 05/03/2020 Date / Time: 05/03/2020

Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. : SHA 2110C Claim No. : D2000 1658MFSH

Name of Insured : COMFORT TRANSPORTATION PTE LTD Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 02/03/2020 17:35 Place of Accident : T2 AIRPORT BOULEVARD TAXI QUEUE

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

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

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

SHD 552H → → →

INSRS:
WSP: TRANS-CAB
Tel : AUTO
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHD 552H - CC3/FCI14024097/T1gbk3; 24.12.14
	SHA 2110C - CC3/AIG11022986/H1sr1y; 4.11.11
09/09/2020.	settled & closed (file in drawer).

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
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)	☐	☐
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: P/P S$ 1,561.24 (2 days) Reduction: 92.93 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 03/09/2020 Confirm with WAI YIN Email ✓ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 1,670.53	
Loss of Rental (LOR):	S$ 202.54 (2 days) x $ 101.27	OD rear-ended TP.
Loss of Use (LOU):	S$ — ($ x days)	
Loss of Income (LOI):	S$ 100.00 ($ 50 x 2 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: TP
Legal Cost	S$ —	3) Survey fee: $600.00
Total:	**S$ 1,973.07** **Global Sum S$:** 1,850.00	

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

Payee 1:	S$ 1,850.00	Name 1:	TRANS-CAB AUTO SERVICES PTE LTD
Payee 2: (Strike if N.A.)	S$ —	Name 2:	—
Payee 3: (Strike if N.A.)	S$ —	Name 3:	—