15/5/2010

INS. CASE OWNER:

CC3/III20003745/Kpa3 s2

LKK:

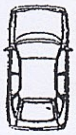
IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 06/03/2020 Date / Time : 06/03/2020

Registered in Merimen: 11/3/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 8943R

Name of Insured : comfort transportation Pte Ltd

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 04/03/2020

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

If NO, Driver Name / Age : Tan Eng Hong

Driver Tel No. : 9388 0410 (V/L: YES / NO)

Claim No. :

Policy No. :

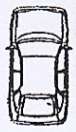
Make / Model : Hyundai i40

Place of Accident : Yishun Ave 2 towards AMK

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

Insured Liability : % **Final ? Yes / No**

SHD 514T → → →



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

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SHD 514T - CC3/TMI14008792/Kgbu2 ; 08/05/2014 CC4/AXA16005642/Fhg3q2 ; 27/03/2016 NA/INC10015166/r ; 02/08/2010	**STAGE** **DATE / PIC**
		Non-Reporting ltr (1st):
		Non-Reporting ltr (2nd):
		Non-Reporting ltr (Final):
—	PENDING TP GIA	Notification ltr (if non-pickup):
		Call OI:
	SHC 8943R - CC3/III18015289/K1eb3q2 ; 21/10/18	After call ltr to OI:
	- CC3/LCR170190028/K1pa3q2 ; 1/10/17	**Documentation Check List: Handler Typist**
	- CC3/AIG14006399/Dsa3w2 ; 4/4/14	Notification ltr (if non-pickup)
		After call ltr to OI:
26/3/20w	— Pte > type mandate	Authorisation To Act:
		Release Voucher:
24/9/20w	— DV sent	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: 45	S$ 1270-00 (18 days) Reduction: 86 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 24/9/20 Confirm with Waiyin		Email ☐ Call ☐
Final Liability:	% (Agreed / Assessed) BOLA S/N No. : VX		If NO or B 28, Ass. Lia :
Repair Cost: w/ho1	S$ 13589.00		
Loss of Rental (LOR):	S$ 203.79 (21 days) X $96.99		
Loss of Use (LOU):	S$ — ($ — x — days)		
Loss of Income (LOI):	S$ 8400 ($40 x 21 days)		
LOR only ☐ LOU only ☐	LOR + LOU ☐ LOR + LOI ☐ [Tick only one]		
GIA/LTA Search	S$ —		
Medical:	S$ —		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ — (e.g. Tow/ Independent)		2) Report Format:
Legal Cost	S$ —		3) Survey fee: $60-00
Total:	S$ 16485.79 **Global Sum S$:** 16350.00		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 16350.00	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:	