	2.162		
5/5/21	210		

Medical:

Legal Cost

Total:

Payee 1:

Disbursement:

FINAL PAYMENT

Payee 2: (Strike if N.A.)

Payee 3: (Strike if N.A.)

S\$

S\$

S\$

S\$

SS

S\$

S\$

Date/Time:

CC3/FCI20004773/Kga3

LKK:	
IDAC:	

1) Claim status: Normal/Reject/Private Settle

WP

\$350.00

2) Report Format:

Call

3) Survey fee:

Email

INS. CASE OWNER	R:	00011 012000 17	romigae	IDAC.	
		ASSIGNM	ENT		
C	KENNETH	DOI: 31/03/2020		Date / Time: 31/03/2020	
Surveyor:				Registered in Merimen:	
n i i com	(KORNO			Registered in Merimen:	
Pre-assign / CCU	/ FTE				
Insured Vehicle No	o. : SH 8037X		Claim No.	:	
Name of Insured	: COMFORT TRANSF	PORTATION PTE LTD	Policy No.		
2_0	-				
Insured Tel No.		HP:	Make / Model		DOAD
Excess Sec II :S\$		D.O.A: 29/03/2020 21:50	Place of Accid	ent : JALAN BESAR > DESKER	ROAD
Is driver the owner	? (YES / NO)	Nature of Accident :			
If NO, Driver Nar	ne / Age :		OI GIA REPO	RT: YES / NO ; TP GIA REPORT:	YES / NO
Driver Tel	-	(V/L: YES / NO)	Insured Liabili	ty: % Final? Yes/N	lo
SHF 518Y					
niana.	niana.		niono	DIGD C	
INSRS: WSP: TRANS-	INSRS:		INSRS: WSP:	INSRS: WSP:	
Tel: AUTO	1\/I	***	Tel:	Tel:	
	H Tel:	Н Н		пп	
Liability:	Liability	[(# -1/)]	Liability:	Liability:	
RMKS:	RMKS:		RMKS:	RMKS:	
Date/ Time					
	SHE 518Y - CC3/AXA1	4023438/Kwy3u2; 13/12/20	14	STAGE	DATE / PIC
	CC3/FCI1	5014971/Kvbc2; 02/06/2015	14	Non-Reporting ltr (1st):	77727770
	CC3/FCI16	3011513/Kvbq2; 20/06/2016		Non-Reporting ltr (2nd):	
	CC3/III180	20714/Kea3q2; 07/11/2018		Non-Reporting ltr (Final):	
		1 7		Notification ltr (if non-pickup):	
	SH 8037X - X				
				Call OI:	
20/07/2020	FCI INSTRUCT WP, IV N	NOT FULLY AT FAULT. SUBMI	II WP.	After call ltr to OI:	
				Documentation Check List: Handle	er 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:	7 -
				PIR:	
				Mandate/Reject Instruction:	
				LOD	= -
				Payment Breakdown Form:	
ELIMINARY ADVICE	Date/Time:	Sent By:		Post-Repair Photos:	
		out of.		Others:	
NALIZATION	Date/Time:	Confirm with:			
pair Cost: L/S	NAME OF THE PROPERTY OF THE PR		% 92	Confirm by:	
		days) Reduction: 44,031.29	% JZ	Email Cal	-
NAL SETTLEMENT		Confirm with		Email Call	
al Liability:		Assessed) BOLA S/N No.:		If NO or B 28, Ass. Lia:	
pair Cost:	SS			OLOVEDIA OOK TDV	
ss of Rental (LOR):	S\$ (days)		OI OVERTAOOK TPV	
ss of Use (LOU):	S\$ (\$ x	days)			
ss of Income (LOI):	S\$ (\$ x	days)			
R only LOU only		OR + LOI [Tick only one]			
A/LTA Search	S\$				

(e.g. Tow/ Independent)

Global Sum S\$:

Confirm with:

Name 1:

Name 2:

Name 3:

From: Date: Weh No: \$\int 1/1 - 5/8 \forall \text{ Yr Regn. } \begin{array}{ c c c c c c c c c c c c c c c c c c c	r.nneth		ASSIGNMENT
Date / Time Action / Instruction Linguage 3 Footh to/Time, File Pass to? : Prell. Report Days Of Repair: Elevation : Final Report Resurvey No. of Trip: Survey Fee: Transportation : Interview (\$) \$ - RS_SI Elevation : Interview (\$) \$ - RS_SI Elevation : Format : Tech Invs (\$) Others	Estimated Cost: OD TP / WS / TP Ri To Inspect Vehicle No at Workshop m/s of Insured: Policy No. Claims No. Sum Insured: (Client's Record) Make of Veh: (Policy Condition) Remark: The veh had repair at the Bal. or Market Value: IDAC Accident Rport: GIA / PR Seen: Est. Repairs: Lum Sum: CA / REV / REP.	Excess: Commenced its time of inspection. Consistent?: Yes or N Consistent?: Yes or N Consistent?: Yes or N 3 days Res.: Yes or N 3 Val.: Yes or N 1 24 HRS	Type: M.Car / M.Cycle / Bus / Van / Lorry / Paxil Prime Mover / Truck / Trailer or Make: Renault Car, Turk c.c. / 9 Colour M. White / Mc: Insured / Std / NI / NA Sp.Reading 509 433 T/Radio: Insured / Std / NI / NA Eng/No: C/No: V = 1 A B L / 3 Auc 27 8 263 Gen. Cond: Good / Fair / Poor / Burnt Steering: Inorder / Jammed / Leaked / Burnt or Brake: Inorder / Jammed / Leaked / Burnt or Modi: MT / S/Rim / STD A/Rim or Tyre Size: F: 2 / Un 2 / S/60R 16 R: Gra. N/S O/S BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Front Rear No R/Bal. 9 mm R/Bal. 7 mm No L/Bal. 9 mm UBal. 7 mm No Survey held at Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Days Of Repair: Color Final Report Days Of Repair:			The U/C / Chassis frame / Body Structure affected due to collision.
Prell. Report Days Of Repair: Survey Fee: Survey Fee: Survey Fee: Survey Fee: Survey Fee: Su	/	The supplementary of the control of	
Add Fee: Site Insp (\$) _ \$ +R\$ _ \$I eport Format: Tech Invs (\$) Others	ate/Time, File Pass to?		
Add Fee: Site Insp (\$) _ \$ + RS _ SI : Interview (\$) Fund (\$) : Tech Invs (\$) Others	ute/Time, File Return to?	: Final Report	
Imp Sum / I R I · /S	eport Format :		Add Fee: : Site Insp (\$) _s+RSSI : Interview (\$) Factors
	ump Sum / I.B.I: (S)	