15/5/2010

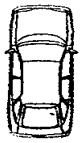
INS. CASE OWNER: RACHEL WU | CC4/FCI20005111/ ga3 | LKK: IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 09/04/2020

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 3328A | Claim No. : D20001797MFSH

Name of Insured : COMFORT TRANSPORTATION PTE LTD | Policy No. : D-20094922MFSH

Insured Tel No. : _____ HP: _____ | Make / Model : TOYOTA PRIUS

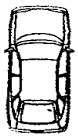
Excess Sec II :S$ _____ D.O.A : 03/04/2020 | Place of Accident : SLIP ROAD OF PASIR RIS DRIVE 8 TWD PASIR RIS GROVE

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

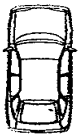
If **NO**, Driver Name / Age : LIM KIM MENG | OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : +65-93636866 (V/L: YES / NO) | Insured Liability : % **Final ? Yes / No**

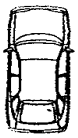
SJD 6787J → _____ → _____ → _____



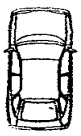
INSRS:
WSP: FALCON-AIR AUTO
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SJD 6787J - X	**STAGE** **DATE / PIC**
	SHC 3328A - CS/INC09019677/Ch ; 31/08/2009	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:
PRELIMINARY ADVICE	Date/Time: Sent By:	Post-Repair Photos:
		Others:

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: L/S	S$ 2550.00 (5 days) Reduction: 1462.00	% 36	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 03/08/2020	Confirm with ANDY	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 2728.50 (W/GST)		
Loss of Rental (LOR):	S$ 535.00 (5 days)	x $107 (W/GST)	
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ ($ x days)		
LOR only ☑ LOU only ☐	LOR + LOU ☐ LOR + LOI ☐ [**Tick only one**]		
GIA/LTA Search	S$ 7.49		
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: $350.00
Total:	**S$** 3270.99	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ 3270.99	Name 1:	FALCON-AIR AUTO SERVICES PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	