15/5/2010

INS. CASE OWNER: CC4/FCI20005131/Aga3

LKK:

IDAC:

ASSIGNMENT

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

Registered in Merimen: ——

Pre-assign / CCU / FTE

Insured Vehicle No. : SHC 8627D Claim No. : D20001818MFSH

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

Insured Tel No. : HP: Make / Model : HYUNDAI 140

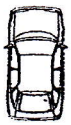
Excess Sec II :S$ D.O.A : 06/04/2020 Place of Accident : LOR CHUAN AND SERANGOON AVE 3

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

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

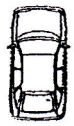
Driver Tel No. : 84883841 (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SMP 5168D → → →

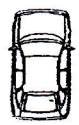


INSRS:
WSP: TWINCAR AUTOMOTIVE
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SMP 5168D - NA/AIG20005023/z4 06/04/2020
	SHC 8627D - NA/AIG20005023/z4 06/04/2020
	CC3/QBE16008428/H1ub3q2 04/05/2016
	CC3/TMI19017868/K1yf3e2 07/10/2019
11/11/2020	10 DAYS NOTICE EMAIL TP ON 17/10/2020. TILL DATE NO FURTHER DEVELOPMENT / RESPONSE FROM TP. SUBMIT WP. PENDING WP AMOUNT APPROVAL.

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: L/S S$ 14,000.00 (7 days) Reduction: 7639.28 % 35 Email ☐ Call ☐

FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 5	If NO or B 28, Ass. Lia :
Repair Cost:	S$		
Loss of Rental (LOR):	S$	(days)	
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$		
Medical:	S$		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$	(e.g. Tow/ Independent)	2) Report Format: WP
Legal Cost	S$		3) Survey fee: $805
Total:	**S$**	**Global Sum S$:**	SEEK APPROVAL

580 OK 11/11/20

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$	Name 1:	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	