15/5/2010

INS. CASE OWNER:

CC4/FCI20005183/Qga3

LKK:

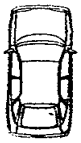
IDAC:

ASSIGNMENT

Surveyor: OI SUN PIN DOI: 05/06/2021 Date / Time : 14/04/2020

Registered in Merimen: ——

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 4117X Claim No. : D20001832MFSH

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

Insured Tel No. : HP: Make / Model : HYUNDAI I40

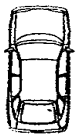
Excess Sec II :S$ D.O.A : 07/04/2020 Place of Accident : TUAS WEST ROAD X TUAS LINK 4

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

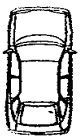
If **NO**, Driver Name / Age : ZUBAIDI B RAMLI OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : +65-98798865 (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

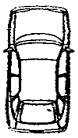
PA 9870B → → →



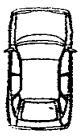
INSRS:
WSP: A T AUTO CONSULTANT
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	PA 9870B - X	
	SHA 4117X - CC3/AIG14000923/M1ha3q2	13/01/2014
	CS/FCI15007633/Cqy3k3	01/05/2015
	CS/FCI15022179/K1gh3d1	20/12/2015
	CS/FCI16005237/H1vh3d1	18/03/2016

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$ $2,600.00 (3 days) Reduction: $1,480.00 % 36 Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 26/11/2021 Confirm with ALAN Email ☑ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 2,600.00	
Loss of Rental (LOR):	S$ (days)	
Loss of Use (LOU):	S$ 520.00 ($ 130 x 4 days)	
Loss of Income (LOI):	S$ ($ x days)	
LOR only ☐ LOU only ☑ LOR + LOU ☐ LOR + LOI ☐ [**Tick only one**]		
GIA/LTA Search	S$ 7.45	
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: $350.00
Total:	**S$** 3,127.45 **Global Sum S$:** 3,100.00	

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

Payee 1:	S$ 3,100.00	Name 1:	AT AUTO CONSULTANT
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	