15/5/2010

INS. CASE OWNER:

CC4/III20005497/Uea3

LKK:

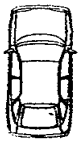
IDAC:

ASSIGNMENT

Surveyor: MARCUS DOI: 30/04/2020 Date / Time : 30/04/2020

Registered in Merimen: 30/04/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SHD 4842U Claim No. :

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

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

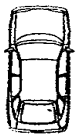
Excess Sec II :S$ D.O.A : 28/04/2020 Place of Accident : BLK 215 ANG MO KIO AVE 1 (CARPARK)

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

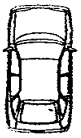
If **NO**, Driver Name / Age : NG BAN LENG OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : 98983740 (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

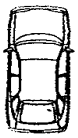
SLR 9449T → → →



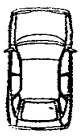
INSRS:
WSP: FOCUS AUTO
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SLR 9449T - CC3/LCR17022736/R1pa3q2 26/11/2017	**STAGE** **DATE / PIC**
		Non-Reporting ltr (1st):
	SHD 4842U - CC3/AIG15001626/H1pdm3q2 26/01/2015	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: CKS
Repair Cost: L/S	S$ 1,400.00 (3 days) Reduction: 63 %		Email Call
FINAL SETTLEMENT	Date/Time: 24.08.20	Confirm with JENNY	Email Call
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 24		If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 1,498.00	OID REVERSED OUT	FROM PARKING LOT AND HIT TP
Loss of Rental (LOR):	S$ 600.00 (6 days) X $100		
Loss of Use (LOU):	S$ - ($ 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: TP
Legal Cost	S$ -		3) Survey fee: $350
Total:	**S$** 2,098.00	**Global Sum S$:**	

FINAL PAYMENT	Date/Time: 24.08.20	Confirm with: JENNY	Email Call
Payee 1:	S$ 2,098.00	Name 1:	FOCUS AUTO PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	