15/5/2010

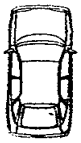
INS. CASE OWNER: JASON TEA | CC4/FCI20005652/ea3 | LKK: IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 11/05/2020

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 1689G | Claim No. : D20002076MFSH

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

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

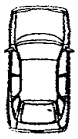
Excess Sec II :S$ _____ D.O.A : 25/04/2020 | Place of Accident : TAMPINES AVENUE 10 NEAR IKEA

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

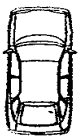
If **NO**, Driver Name / Age : SEOW CHER LAK | OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : 97718325 (V/L: YES / NO) | Insured Liability : % **Final ? Yes / No**

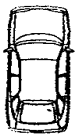
SLV 1533P → _____ → _____ → _____



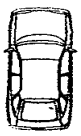
INSRS:
WSP: OPTIMA WERKZ
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SLV 1533P - X		
	SHA 1689G - CC3/AIG11009739/H1n1a3k2	18/05/2011	
	CC3/AIG12014831/H1b1g2w2	27/07/2012	
	CC4/FCI20000673/Hea3	06/01/2020	
	CC4/FCI20001298/Uka3	18/01/2020	
	CS/TMI18012421/K1vd3n2	06/07/2018	
	NA/CAI13024369/e1	26/12/2013	
	NA/MSG12002745/k	06/01/2012	
	NS/INC16010170/Gvbd1	30/05/2016	

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: KSC

Repair Cost: P/P S$ 936.25 (3 days) Reduction: 30 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 04.11.20 Confirm with LILY Email ☐ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 1,001.79 OID REVERSED HIT TP VEHICLE	
Loss of Rental (LOR):	S$ - (days)	
Loss of Use (LOU):	S$ 240.00 ($ 60 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$ -	
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: $350
Total:	**S$** 1,241.79 **Global Sum S$:** 1,240.00	

FINAL PAYMENT Date/Time: 04.11.20 Confirm with: LILY Email ☐ Call ☐

Payee 1:	S$ 1,240.00	Name 1:	OPTIMA WERKZ PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	