15/5/2010

INS. CASE OWNER: JOANNEY

CC4/FCI20005741/Dea3

LKK:

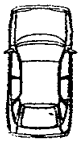
IDAC:

ASSIGNMENT

Surveyor: BRYAN DOI: _____ Date / Time : 14/05/2020

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SHD 3307E Claim No. : D20002128MFSH

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

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

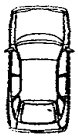
Excess Sec II :S$ _____ D.O.A : 12/05/2020 Place of Accident : UPPER SERANGOON ROAD TWDS KOVAN

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

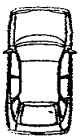
If **NO**, Driver Name / Age : MOHAMED YASEEN MOHAMED ALAUDEEN OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : 90065181 (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

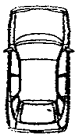
SHB 4140Y → _____ → _____ → _____



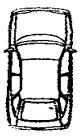
INSRS:
WSP: BIFROST AUTO
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time				STAGE	DATE / PIC
	SHB 4140Y -	CB/AIG09026405/a	03/04/2006	Non-Reporting ltr (1st):	
		CC3/AXA13017780/Ypm3u2	19/09/2013	Non-Reporting ltr (2nd):	
		CS/FCI17002429/Kqbn2	03/02/2017	Non-Reporting ltr (Final):	
		NA/INC11022351/w1	01/11/2011	Notification ltr (if non-pickup):	
		NA/MSG13006156/e1	22/03/2013	Call OI:	
	SHD 3307E -	CC3/FCI15016982/Kqbc2	06/10/2015	After call ltr to OI:	
		CC3/FCI16007224/Kqbc2	16/04/2016	**Documentation Check List:**	**Handler** **Typist**
		CC3/FCI16008209/Kgbd1	03/05/2016	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: ABT
Repair Cost: P/P	S$ 16,077.68	(7 days) Reduction: 36 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 10.09.20	Confirm with MR LEE	Email ☐ Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 17,203.12	OID REAR ENDED TP	
Loss of Rental (LOR):	S$ 1,251.90	(10 days) X $125.19	
Loss of Use (LOU):	S$ -	($ x days)	
Loss of Income (LOI):	S$ 500.00	($ 50 x 10 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$ 80.00	(e.g. Tow/ ~~Independent~~)	2) Report Format: TP
Legal Cost	S$ -		3) Survey fee: $600
Total:	**S$** 19,035.02	**Global Sum S$:**	

FINAL PAYMENT	Date/Time: 10.09.20	Confirm with: MR LEE	Email ☐ Call ☐
Payee 1:	S$ 19,035.02	Name 1:	BIFROST AUTO PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	