15/5/2010

INS. CASE OWNER: CC4/III20005831/Kba3

LKK:

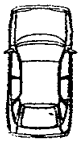
IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 20/05/2020 Date / Time : 20/05/2020

Registered in Merimen: 20/05/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SHB 4325G Claim No. :

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

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

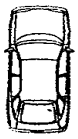
Excess Sec II :S$ D.O.A : 15/05/2020 Place of Accident : JUNCTION OF FARRER RD TURNING RIGHT TO HOLLAND RD

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

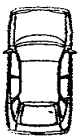
If **NO**, Driver Name / Age : CHEAH THIAM SOON OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : 97350769 (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

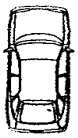
SMK 3131Z → → →



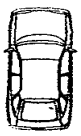
INSRS:
WSP: BIFROST AUTO
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SMK 3131Z - X	
	SHB 4325G - CC3/EQI15015190/H1ja3s2 02/09/2015	
	CC3/TMI11008686/H1bn 09/05/2011	
	NS/INC12011432/H1y1r2 08/06/2012	
	NS/INC13015775/M1gu2 25/08/2013	

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$ 18,288.70 (5 days) Reduction: 30 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 24.12.21 Confirm with LC LIM Email ☐ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL PIR AGAINST OID	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 19,568.91	
Loss of Rental (LOR):	S$ 1,440.00 (8 days) x $180	
Loss of Use (LOU):	S$ - ($ 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: $600
Total:	**S$** 21,008.91 **Global Sum S$:**	

FINAL PAYMENT Date/Time: 24.12.21 Confirm with: LC LIM Email ☐ Call ☐

Payee 1:	S$ 21,008.91	Name 1:	BIFROST AUTO PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	