|			LKK:
INS. CASE OWNER:	MAY CHUA	CC4/FCI20006120/da3	IDAC:

ASSIGNMENT

Surveyor: _____   DOI: _____   Date / Time : **03/06/2020**

Registered in Merimen: _____

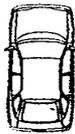**Pre-assign / CCU / FTE**

Insured Vehicle No. : **SHD 4330E**	Claim No. : **D20002288MFSH**
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 : **01/06/2020 15:30**	Place of Accident : **HOUGANG AVE 8**

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

If **NO**, Driver Name / Age : **HO CHWEE HOCK**   OI GIA REPORT: ~~YES~~ / NO ; TP GIA REPORT: ~~YES~~ / NO

Driver Tel No. : **+65-96267129**   (V/L: ~~YES~~ / NO)   Insured Liability : ____ %   **Final ? Yes / No**

SKQ 3661C → → → →
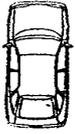
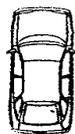|				
INSRS: WSP: **TRANS** Tel : **EUROKARS** Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time		STAGE	DATE / PIC
	SKQ 3661C - CC4/LPC16017962/Gzb3q2; 19.09.2016	Non-Reporting ltr (1st):	
	SHD 4330E - X	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:	P/P	S$ 9,341.00	(5 days) Reduction: 65 %	Email ☐ Call ☐	

FINAL SETTLEMENT   Date/Time: **26/02/2021**   Confirm with **JEN**   Email ✓ Call ☐

Final Liability:	% **100**	(Agreed / Assessed) BOLA S/N No. : **27**	If NO or B 28, Ass. Lia :	
Repair Cost: w/GST	S$ **9,994.87**			
Loss of Rental (LOR): w/gst	S$ **770.40**	(6 days) x $120.00		
Loss of Use (LOU):	S$ ($ 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~~ TP	
Disbursement:	S$	(e.g. Tow/ Independent)	2) Report Format:	
Legal Cost	S$		3) Survey fee:	600.00
Total:	**S$ 10,765.27**	**Global Sum S$:**		

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

Payee 1:	S$ 10,765.27	Name 1:	**TRANS EUROKARS PTE LTD**
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	