15/5/2010

INS. CASE OWNER: KAREN

CC4/FCI20006174/Era3q2

LKK:

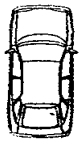
IDAC:

ASSIGNMENT

Surveyor: STEVE DOI: 10/06/2020 Date / Time : 09/06/2020

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 3496Y Claim No. : D20002332MFSH

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

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

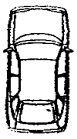
Excess Sec II :S$ D.O.A : 06/03/2020 Place of Accident : PIE TOWARDS LOYANG AVE

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

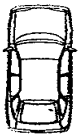
If **NO**, Driver Name / Age : LONG SHYK YONG OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : 98475562 (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

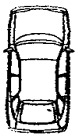
FBL 1878R → → →



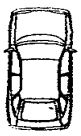
INSRS: CHOONG KOK AGENCY
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	FBL 1878R - X	**STAGE** **DATE / PIC**
		Non-Reporting ltr (1st):
	SHC 3496Y - CC3/AIG10002851/Fn1q1g1 ; 04/02/2010	Non-Reporting ltr (2nd):
	CC3/AIG12000778/H1a2r1q2 ; 09/01/2012	Non-Reporting ltr (Final):
	CS/FCI15016216/vbXX ; 22/09/2015	Notification ltr (if non-pickup):
	CS3/FCI15003973/Agy3d1 ; 05/03/2015	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:
Repair Cost: L/SUM	S$ 1,100.00 (3 days) Reduction: 28 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 11/11/2020 Confirm with AGNES		Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL		If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 1,177.00		
Loss of Rental (LOR):	S$ (days)		
Loss of Use (LOU):	S$ 60.00 ($20 x 3 days)		
Loss of Income (LOI):	S$ ($ 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: 350.00
Total:	**S$** 1,237.00	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 1,237.00	Name 1:	CHOONG KOK AGENCY PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	