15/5/2010

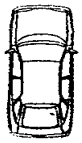
INS. CASE OWNER: PRIYA | CC4/III20006175/Qba3 | LKK: IDAC:

ASSIGNMENT

Surveyor: OI SUN PIN DOI: 11.06.2020 Date / Time : 11.06.2020

Registered in Merimen: 11.06.2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 2685K Claim No. : MCT20050092

Name of Insured : COMFORT TRANSPORTATION PTE LTD Policy No. : MCOM0015

Insured Tel No. : HP: Make / Model : HYUNDAI I40

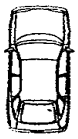
Excess Sec II :S$ D.O.A : 14/05/2020 18:00 Place of Accident : ALONG BKE TWDS WOODLANDS

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

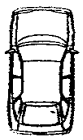
If **NO**, Driver Name / Age : SUM WAI SOAN OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : +65-98177241 (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

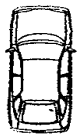
SMA 571J → → →



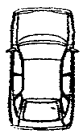
INSRS:
WSP: HUA HONG
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SMA 571J - X	
	SHA 2685K - NS/INC15014212/H1gbn2 ; 19.08.2015	
15/12/2020	SETTLED AND CLOSED / ALL DOCS	
	IN P DRIVE	

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:

Repair Cost: P/P S$ 1,272.08 (3 days) Reduction: 42.51 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 08/12/2020 Confirm with JERLEEN TANG Email ☑ Call ☐

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 15 If NO or B 28, Ass. Lia :

Repair Cost: (W/GST) S$ 1,361.13

Loss of Rental (LOR): (W/GST) S$ 321.00 (3 days) X $100.00 OID CHANGED LANE

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: $350.00

Total: **S$** 1,682.13 **Global Sum S$:** 1,650.00

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

Payee 1:	S$ 1,650.00	Name 1:	HUA HONG PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	