15/5/2010

INS. CASE OWNER: CC 4 / FCI 2000 6272 / Dgs3

LKK:

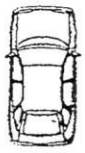
IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 11/06/2020

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 2760R

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Insured Tel No. : _____ HP: _____

Excess Sec II :S$ _____ D.O.A : 09/06/2020

Is driver the owner? (YES / NO)

If NO, Driver Name / Age :

Driver Tel No. : (V/L: YES / NO)

Claim No. : _____

Policy No. : _____

Make / Model : _____

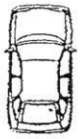
Place of Accident : _____

Nature of Accident : _____

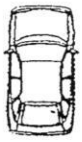
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

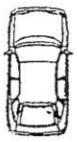
SHC 1996J → _____ → _____ → _____



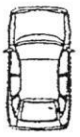
INSRS:
WSP: BIFROST
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHC 1996J : CS/FCI16011105/M1vbc2 ; DOA : 13/06/2016
	SHC 2760R : CC3/AIG09001134/Cgq1 ; DOA : 10/01/2009

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: L/S	S$ 7200.00 (5 days)	Reduction: 14,594.60 % 67	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 14/01/2021	Confirm with MR YEE	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 7704.00	W/GST	
Loss of Rental (LOR):	S$ 788.69 (7 days)	x $112.67	PIR AGAINST OI
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ 350 ($ 50.00 x 7 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: $600.00
Total:	**S$** 8842.69	**Global Sum S$:**	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐

Payee 1:	S$ 8842.69	Name 1:	BIFROST AUTO PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	