15/5/2010

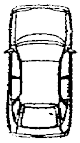
INS. CASE OWNER: MAY CHUA | ~~CC4/FCI20007237/Uka3~~ | LKK: IDAC:

ASSIGNMENT CC4/FCI20007237/Upa3q2

Surveyor: MARCUS DOI: 14/07/2020 Date / Time : 13/07/2020

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SH 7950U Claim No. : D20002531MFSH

Name of Insured : COMFORT TRANSPORTATION PTE LTD Policy No. : D-18088936MFSH

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

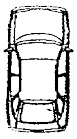
Excess Sec II :S$ D.O.A : 22-06-2020 Place of Accident : T JUNC OF LOR 4 TOA PAYOH AND TOA PAYOH CENTRAL

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

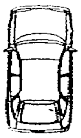
If **NO**, Driver Name / Age : NG AIK SOON OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

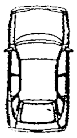
FP 4365R → → →



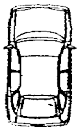
INSRS:
WSP: EROFIA MOTOR
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	FP 4365R - CS3/AIG17019909/Wbe2 ; 16.10.17	Non-Reporting ltr (1st):	
	SH 7950U - CC3/AIG15018739/H1ua3q2; 31.10.15	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
24/12/2020	Pls refer to VIEWS for details.	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/sum S$ 1,300.00 (4 days) Reduction: 78 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 24/12/2020 Confirm with LeeLee Email ☐ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 1,300.00	
Loss of Rental (LOR):	S$ (days)	
Loss of Use (LOU):	S$ 120.00 ($20 x 6 days)	
Loss of Income (LOI):	S$ ($ 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: $350.00
Total:	**S$** 1,420.00 **Global Sum S$:**	

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

Payee 1:	S$ 1,420.00	Name 1:	Erofia Motor Trading Pte Ltd
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	