15/5/2010

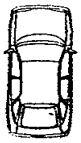
INS. CASE OWNER: JASON TEA | CC4/FCI20007319/Aea3 | LKK: IDAC:

ASSIGNMENT

Surveyor: ADRIAN DOI: Date / Time : 15/07/2020

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 1169E Claim No. : D20002759MFSH

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

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

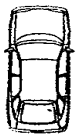
Excess Sec II :S$ D.O.A : 09/07/2020 11:30 Place of Accident : ALONG COLLEY QUANG

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

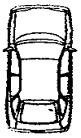
If **NO**, Driver Name / Age : HO LEE CHEAN OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

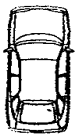
SMP 1912Z → → →



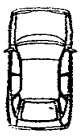
INSRS:
WSP: MODERN
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SMP 1912Z - X	**STAGE** **DATE / PIC**
	SHC 1169E - NS/INC15006228/H1vbd1; 10.04.2015	Non-Reporting ltr (1st):
		Non-Reporting ltr (2nd):
		Non-Reporting ltr (Final):
		Notification ltr (if non-pickup):
	**FCI REQUEST TO SUBMIT WP REPORT	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: LWP
Repair Cost: L/S	S$ 3,850.00 (4 days) Reduction: 51 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 09.09.20	Confirm with	Email ☐ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost:	S$	OID REAR ENDED TP	
Loss of Rental (LOR):	S$ (days)		
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/WP
Legal Cost	S$		3) Survey fee: $289
Total:	**S$**	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐	
Payee 1:	S$	Name 1:		
Payee 2: (Strike if N.A.)	S$	Name 2:		
Payee 3: (Strike if N.A.)	S$	Name 3:		

SURVEY FEE: $150
TRANSPORT: $50 X 2
PHOTO : $39