15/5/2010

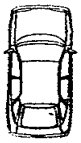
INS. CASE OWNER: CATHAN HENG | CC4/FCI20007330/Dea3 | LKK: IDAC:

ASSIGNMENT

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

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 1517U Claim No. : D20002689MFSH/1

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

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

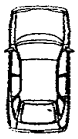
Excess Sec II :S$ D.O.A : 03-07-2020 Place of Accident : STILL RD TOWARDS EAST COAST RD

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

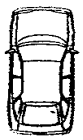
If **NO**, Driver Name / Age : HON TOMMIE OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

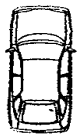
SHC 7042Y → → →



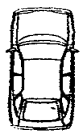
INSRS:
WSP: BIFROST AUTO
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SH 7042Y - X	**STAGE** **DATE / PIC**
	SHA 1517U - CS/FCI12014616/H1vk3; 26.07.2012	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:
PRELIMINARY ADVICE	Date/Time: Sent By:	Post-Repair Photos:
		Others:

FINALIZATION	Date/Time:	Confirm with:	Confirm by: ABT
Repair Cost: L/S	S$ 21,000.00 (15 days) Reduction: 56 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 15.04.21	Confirm with MR YEE	Email ☐ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 5	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 22,470.00	OID MAKE A RIGHT TURN AT CONTROL JUNCTION	
Loss of Rental (LOR):	S$ 1,992.06 (18 days)	X $110.67	
Loss of Use (LOU):	S$ - ($ x days)		
Loss of Income (LOI):	S$ 900.00 ($ 50 x 18 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$ 80.00 (e.g. Tow/ ~~Independent~~)		2) Report Format: TP
Legal Cost	S$ -		3) Survey fee: $600
Total:	**S$** 25,442.06	**Global Sum S$:**	

FINAL PAYMENT	Date/Time: 15.04.21	Confirm with: MR YEE	Email ☐ Call ☐
Payee 1:	S$ 25,442.06	Name 1:	BIFROST AUTO PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	