15/5/2010

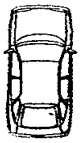
INS. CASE OWNER: AIDA | ~~CC4/III20008048/pa3~~ | LKK: IDAC:

ASSIGNMENT CC4/III20008048/R1pa3

Surveyor: Rasul DOI: Date / Time : 04.08.2020

Registered in Merimen: 03.08.2020 by wksp

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 3921Y Claim No. : MCT20070399

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

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

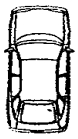
Excess Sec II :S$ D.O.A : 30/07/2020 09:30 Place of Accident : JALAN BUKIT MERAH T JUNCTION JALAN KILANG BARAT

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

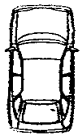
If **NO**, Driver Name / Age : GOH KAY SING OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

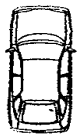
SGX 3839T → → →



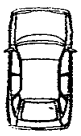
INSRS:
WSP: MOVA AUTOMOTIVE
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SGX 3839T - X		
	SHA 3921Y - CC3/III19007998/K1pa3 ; 05/05/2019	Non-Reporting ltr (1st):	
	CC4/III18018822/Gga3q2 ; 10/10/2018	Non-Reporting ltr (2nd):	
	NA/INC08026529/se1 ; 27/09/2008	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:		

04/03/2021 Pls refer to VIEWS for details.

PRELIMINARY ADVICE Date/Time: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: L/sum S$ 1,350.00 (3 days) Reduction: 19 % Email [ ] Call [ ]

FINAL SETTLEMENT Date/Time: 04/03/2021 Confirm with Suann Email [✓] Call [ ]

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 35	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 1,444.50	
Loss of Rental (LOR) w/GST	S$ 214.00 (2 days) x $100	
Loss of Use (LOU):	S$ ($ x days)	
Loss of Income (LOI):	S$ ($ x days)	
LOR only [✓] LOU only [ ] LOR + LOU [ ] LOR + LOI [ ] [**Tick only one**]		
GIA/LTA Search	S$ 7.49	
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: $350.00
Total:	**S$** 1,665.99 **Global Sum S$:**	

FINAL PAYMENT Date/Time: Confirm with: Email [✓] Call [ ]

Payee 1:	S$ 1,665.99	Name 1:	Mova Automotive Pte Ltd
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	