

INS. CASE OWNER:

CC4 / FCI 2000 9306 / Uds3

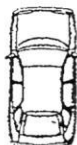
LKK:

IDAC:

ASSIGNMENT

Surveyor: MarcusDOI: 02/09/2020Date / Time : 02/09/2020Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SH 8579C

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Insured Tel No. : _____ HP: _____

Excess Sec II : \$S _____ D.O.A : 07/08/2020

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

Claim No. : _____

Policy No. : _____

Make / Model : _____

Place of Accident : _____

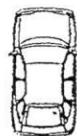
If NO, Driver Name / Age :

Driver Tel No. :

(V/L: ☒ YES / NO)OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NO

Insured Liability : _____ % Final ? Yes / No

FBP 9607H



INSRS:

WSP: BAN HOCK HIN

Tel : _____

Liability : _____

RMKS: _____



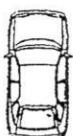
INSRS:

WSP: _____

Tel : _____

Liability : _____

RMKS: _____



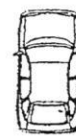
INSRS:

WSP: _____

Tel : _____

Liability : _____

RMKS: _____



INSRS:

WSP: _____

Tel : _____

Liability : _____

RMKS: _____

Date/ Time	FBP 9607H : X SH 8579C : CC4/FCI20006300/R1ks3 ; DOA : 03/05/2020	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:	\$S 3,303.40 (5 days) Reduction: 40 %	Email ☒ Call ☐	
FINAL SETTLEMENT	Date/Time: <u>13/10/2020</u> Confirm with <u>Raymond</u>	Email ☒ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 15	If NO or B 28, Ass. Lia :	
Repair Cost: (w/GST)	\$S 3,534.64		
Loss of Rental (LOR):	\$S - (days)		
Loss of Use (LOU):	\$S 100.00 (\$ 20 x 5 days)		
Loss of Income (LOI):	\$S - (\$ x days)		
LOR only ☐ LOU only ☒	LOR + LOU ☐ LOR + LOI ☐ [Tick only one]		
GIA/LTA Search	\$S 7.45		
Medical:	\$S -	1) Claim status: Normal Reject Private Sewer	
Disbursement:	\$S - (e.g. Tow/ Independent)	2) Report Format: <u>TP</u>	
Legal Cost	\$S -	3) Survey fee: <u>\$350</u>	
Total:	\$S 3,642.09 Global Sum \$S:		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email ☐ Call ☐		
Payee 1:	\$S 3,642.09 Name 1: <u>Ban Hock Hin Co. Pte Ltd</u>		
Payee 2: (Strike if N.A.)	\$S Name 2:		
Payee 3: (Strike if N.A.)	\$S Name 3:		