15/5/2010

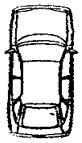
INS. CASE OWNER: RACHEL WU | ~~CC4/FCI20009631/Eka3~~ | LKK: IDAC:

ASSIGNMENT CC4/FCI20009631/Epa3q2

Surveyor: STEVE CHEN DOI: 09/09/2020 Date / Time : 08/09/2020

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 2558U Claim No. : D20003584MFSH

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

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

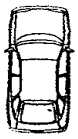
Excess Sec II :S$ D.O.A : 04/09/2020 15:45 Place of Accident : SIN MING AVE TOWARDS MARYMOUNT RD

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

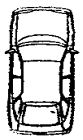
If **NO**, Driver Name / Age : JERRY LIM GUAN SENG OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

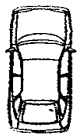
SMJ 9595J → → →



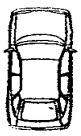
INSRS:
WSP: ALPHA CAR
Tel : SERVICES
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SMJ 9595J - X	**STAGE** **DATE / PIC**
	SHA 2558U - CS/QW08030097/Sce1 ; 27/10/2008	Non-Reporting ltr (1st):
	NS/INC19002690/K1vd3e2 ; 09/02/2019	Non-Reporting ltr (2nd):
		Non-Reporting ltr (Final):
		Notification ltr (if non-pickup):
		Call OI:
		After call ltr to OI:
11/12/2020	Pls refer to VIEWS for details.	**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$ 1,700.00 (4 days) Reduction: 75 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 11/12/2020	Confirm with Cai Ling	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 1,700.00		
Loss of Rental (LOR):	S$ 600.00 (6 days)	x$100.00	
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ ($ x days)		
LOR only ☑ LOU only ☐	LOR + LOU ☐ LOR + LOI ☐	[**Tick only one**]	
GIA/LTA Search	S$ 7.45		
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: $350.00
Total:	**S$** 2,307.45	**Global Sum S$:**	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ 2,307.45	Name 1: ALPHA CAR SERVICES PTE LTD	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	