15/5/2010

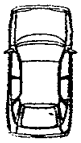
INS. CASE OWNER: RACHEL WU | CC4/FCI20009870/R1ea3q2 | LKK: IDAC:

ASSIGNMENT

Surveyor: RASUL DOI: 06/10/2020 Date / Time : 15/09/2020

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 2868P Claim No. : D20003721MFSH

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

Insured Tel No. : HP: Make / Model : TOYOTA PRIUS

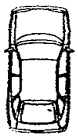
Excess Sec II :S$ D.O.A : 13/09/2020 13:50 Place of Accident : JURONG POINT TAXI STAND

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

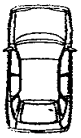
If **NO**, Driver Name / Age : ONG TIEN SENG OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

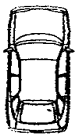
SMH 4372D →



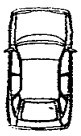
INSRS:
WSP: C & C KIA
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SMH 4372D - X	**STAGE** **DATE / PIC**
	SHC 2868P - NS/INC16002095/H1vbn2 ; 30.01.2016	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: MRB
Repair Cost: P/P	S$ 6,949.00 (7 days)	Reduction: 15 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 24.11.20	Confirm with JO JO	Email ☐ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 14	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 7,435.43	OID MOVE OUT FROM STATIONARY	
Loss of Rental (LOR): w/GST	S$ 1,070.00 (10 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$ -		
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: $350
Total:	**S$** 8,505.43	**Global Sum S$:**	

FINAL PAYMENT	Date/Time: 24.11.20	Confirm with: JO JO	Email ☐ Call ☐
Payee 1:	S$ 8,505.43	Name 1:	CYCLE & CARRIAGE KIA PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	