15/5/2010

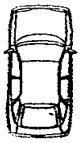
INS. CASE OWNER: CHRIS LIM | CC4/FCI20009941/Uga3 | LKK: IDAC:

ASSIGNMENT

Surveyor: MARCUS DOI: 13/10/2020 Date / Time : 16/9/2020

Registered in Merimen: 16/9/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 1977P Claim No. : D20003750MFSH

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

Insured Tel No. : HP: Make / Model :

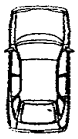
Excess Sec II :S$ D.O.A : 13/09/2020 10:30 Place of Accident : PAYA LEBAR SQUARE TAXI STAND

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

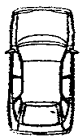
If **NO**, Driver Name / Age : LEO KIM MING OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

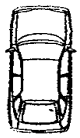
SLG 2939A → → →



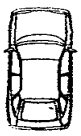
INSRS: AH LIM MOTOR COMPANY
WSP:
Tel : -> ZOOM AUTOWERKS PTE LTD
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SLG 2939A - X	
	CC3/AIG18009209/K1hb3q2 - 17/05/2018	
	SHC 1977P - CC3/CTI19004043/K1hb3q2 - 01/03/2019	
	CS/FCI16024163/R1qh3m2 - 11/12/2016	
	CS/FCI18000269/bXX - 15/12/2017	

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: L/S S$ 1650.00 (4 days) Reduction: 5601.50 % 77 Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 18/06/2021 Confirm with ELIN Email ☑ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 26	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 1,650.00	
Loss of Rental (LOR):	S$ (days)	
Loss of Use (LOU):	S$ 150.00 ($ 50 x 3 days)	
Loss of Income (LOI):	S$ ($ x days)	
LOR only ☐ LOU only ☑ LOR + LOU ☐ LOR + LOI ☐ [**Tick only one**]		
GIA/LTA Search	S$ 29.00	
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: $350.00
Total:	**S$** 1,829.00 **Global Sum S$:**	

FINAL PAYMENT Date/Time: Confirm with: Email ☑ Call ☐

Payee 1:	S$ 1,829.00	Name 1:	ZOOM AUTOWERKS PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	