15/5/2010

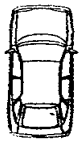
INS. CASE OWNER: VIC | CC4/FCI20010192/da3 | LKK: IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 23/9/2020

Registered in Merimen: ---

Pre-assign / CCU / FTE



Insured Vehicle No. : SH 7749K | Claim No. : D20003843MFSH

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

Insured Tel No. : _____ HP: _____ | Make / Model : _____

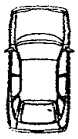
Excess Sec II :S$ _____ D.O.A : 21/09/2020 17:00 | Place of Accident : ALONG BRADDELL RD TURN LEFT TOWARDS THOMSON RD

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

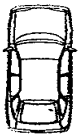
If **NO**, Driver Name / Age : TAY CHIN SIAH | OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

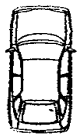
SLZ 1301X → _____ → _____ → _____



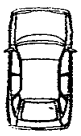
INSRS:
WSP: PERFORMANCE MOTORS
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SLZ 1301X - X	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
	CC4/FCI19022534/Ads3q2 - 07/12/2019	Non-Reporting ltr (Final):	
	SH 7749K - CC4/FCI20000404/Aka3 - 18/12/2019	Notification ltr (if non-pickup):	
	CS/FCI15019814/Uqbc2 - 18/11/2015	Call OI:	
	CS/FCI17021068/Krbn2 - 28/10/2017	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$ 3,696.35 (3 days) Reduction: 39 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 08/11/2020 Confirm with Caroline Email ✓ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: (w/GST)	S$ 3,955.09	
Loss of Rental (LOR):	S$ - (days)	
Loss of Use (LOU):	S$ 180.00 ($ 60 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$ -	
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: $350
Total:	**S$** 4,135.09 **Global Sum S$:**	

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

Payee 1:	S$ 4,135.09	Name 1:	Performance Motors Limited
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	