15/5/2010

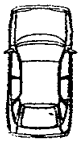
INS. CASE OWNER: CHRIS LIM | CC6/FCI20010882/Aea3 | LKK: IDAC:

ASSIGNMENT

Surveyor: ADRIAN DOI: 08/10/2020 Date / Time : 08/10/2020

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 1456B Claim No. :

Name of Insured : COMFORT TRANSPORTATION PTE LTD Policy No. :

Insured Tel No. : HP: Make / Model :

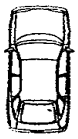
Excess Sec II :S$ D.O.A : 06/10/2020 19:25 Place of Accident : CCK WAY

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

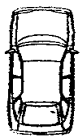
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

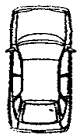
SML 992U → → →



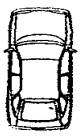
INSRS:
WSP: MG Solution
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SML 992U - X	**STAGE** **DATE / PIC**
	SHC 1456B - CC3/AIC09017076/Cn1 ; 30/07/2009	Non-Reporting ltr (1st):
	CC3/CTI16018975/H1hg3q2 ; 04/10/2016	Non-Reporting ltr (2nd):
	CC4/FCI20009048/Qds3 ; 26/08/2020	Non-Reporting ltr (Final):
	CS/FCI14013774/T1vm3k3 ; 16/07/2014	Notification ltr (if non-pickup):
	NA/CTI16021275/s4 ; 04/10/2016	Call OI:
	NA/RSI11022442/w1 ; 01/11/2011	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: LWP
Repair Cost: L/S	S$ 4,300.00 (5 days)	Reduction: 49 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 12.04.21	Confirm with MS WONG	Email ☐ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 1	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 4,601.00	OID EXIT FROM SLIP ROAD HIT TP	
Loss of Rental (LOR):	S$ - (days)		
Loss of Use (LOU):	S$ 480.00 ($ 80 x 6 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: $350
Total:	**S$** 5,088.45	**Global Sum S$:** 5,080.00	

FINAL PAYMENT	Date/Time: 12.04.21	Confirm with: MS WONG	Email ☐ Call ☐
Payee 1:	S$ 5,080.00	Name 1:	MG SOLUTION PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	