15/5/2010

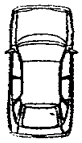
INS. CASE OWNER: CHRIS LIM | CC4/FCI20010925/Epa3 | LKK: IDAC:

ASSIGNMENT

Surveyor: STEVE DOI: _____ Date / Time : 09/10/2020

Registered in Merimen: 09/10/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SH 8896L Claim No. : D20004091MFSH

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

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

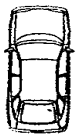
Excess Sec II :S$ _____ D.O.A : 07/10/2020 16:00 Place of Accident : BELILIOS RD TWDS SERANGOON RD

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

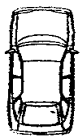
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

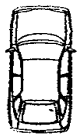
GBG 9735T → _____ → _____ → _____



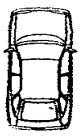
INSRS:
WSP: EFFICIENT
Tel : MOTOR
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	GBG 9735T - X	
	CC4/FCI19021525/Dea3q2 - 30/11/2019	
	SH 8896L - CS/FCI19011143/T1td3n2 - 15/06/2019	
	CS/FCI19013566/Kqf3n2 - 05/07/2019	

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/SUM	S$ 4,200.00 (4 days)	Reduction: 61 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 11/11/2020	Confirm with JESSIE ONG	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: W/GST	S$ 4,494.00		
Loss of Rental (LOR):	S$ (days)		
Loss of Use (LOU):	S$ 240.00 ($ 60 x 4 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: $500.00
Total:	**S$** 4,734.00	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 4,734.00	Name 1:	EFFICIENT MOTOR & ENGINEERING WORKS PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	