15/5/2010

INS. CASE OWNER: VIC

CC4/FCI20011165/T1ra3q2

LKK:

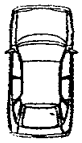
IDAC:

ASSIGNMENT

Surveyor: TAUFIKH DOI: 16/10/2020 Date / Time : 14/10/2020

Registered in Merimen: ---

Pre-assign / CCU / FTE



Insured Vehicle No. : SHD 3200D Claim No. : D20004108MFSH

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

Insured Tel No. : HP: Make / Model :

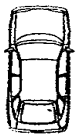
Excess Sec II :S$ D.O.A : 05-10-2020 15:00 Place of Accident : ALONG COMMONWEALTH AVE

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

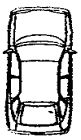
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

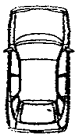
SCR 8831K → → →



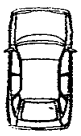
INSRS:
WSP: CHARN'S
Tel : CUSTOMCRAFT
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
		STAGE **DATE / PIC**
	SCR 8831K - CC4/AIG08009145/UCh - 17/03/2008	Non-Reporting ltr (1st):
		Non-Reporting ltr (2nd):
	CC3/AIG15012614/H1na3c2 - 25/07/2015	Non-Reporting ltr (Final):
	SHD 3200D - CC3/EQI14002569/H1sa3q2 - 08/02/2014	Notification ltr (if non-pickup):
	CS/FCI16004821/Kqbc2 - 09/03/2016	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:
Repair Cost: L/SUM	S$ 500.00 (2 days) Reduction: 44 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 06/09/2021	Confirm with CHARN'S CUSTOMCRAFT	Email ☑ Call ☐
Final Liability:	% 50 (Agreed / Assessed)	BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost: 535.00	S$ 267.50		
Loss of Rental (LOR):	S$ (days)		
Loss of Use (LOU): 120.00	S$ 60.00 ($60 x 2 days)		
Loss of Income (LOI):	S$ ($ 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: 350.00
Total:	**S$** 327.50	**Global Sum S$:** 330.00	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 330.00	Name 1:	CHARN'S CUSTOMCRAFT
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	