15/5/2010

INS. CASE OWNER:

CC3/FCI20011233/Kqd3n2

LKK:

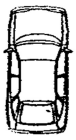
IDAC:

ASSIGNMENT

Surveyor: Kenneth DOI: 15/10/2020 Date / Time : 16/10/2020

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SHD 7129B

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A :14/10/2020

Is driver the owner? (YES / NO)

If **NO**, Driver Name / Age :

Driver Tel No. : (V/L: YES / NO)

Claim No. :

Policy No. :

Make / Model :

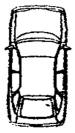
Place of Accident :

Nature of Accident :

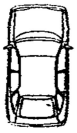
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

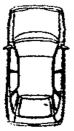
SHD 5176C → → →



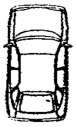
INSRS:
WSP: TRANS-CAB
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHD 5176C : CC3/TMI19009471/Kqd3n2 ; DOA : 25/05/2019
	SHD 7129B : CS/FCI18023319/Dqd3n2 ; DOA : 25/12/2018

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: KSC

Repair Cost: P/P S$ 752.23 (1.5 days) Reduction: 93 % Email Call

FINAL SETTLEMENT Date/Time: 18.08.21 Confirm with WAI YIN Email Cal

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 804.89 OID REAR ENDED TP	
Loss of Rental (LOR):	S$ 168.53 (1.5 days) X $112.35	
Loss of Use (LOU):	S$ - ($ x days)	
Loss of Income (LOI):	S$ 75.00 ($ 50 x 1.5 days)	
LOR only LOU only LOR + LOU LOR + LO ✓ [**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: $500
Total:	**S$** 1,048.42 **Global Sum S$:** 1,040.00	

FINAL PAYMENT Date/Time: 18.08.21 Confirm with: WAI YIN Email Cal

Payee 1:	S$ 1,040.00	Name 1:	TRANS-CAB AUTO SERVICES PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	