15/5/2010

INS. CASE OWNER: AIDA

CC4/III20011620/Gba3

LKK:

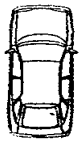
IDAC:

ASSIGNMENT

Surveyor: XING GUO QIANG DOI: 10/12/2020 Date / Time : 26.10.2020 (1st) / 08.12.2020 (2nd)

Registered in Merimen: 26.10.2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SH 7311P Claim No. :

Name of Insured : COMFORT TRANSPORTATION PTE LTD Policy No. : MCOM0015

Insured Tel No. : HP: Make / Model : HYUNDAI I40

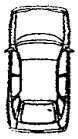
Excess Sec II :S$ D.O.A : 22/10/2020 12:35 Place of Accident : MARYMOUNT LN TOWARDS UPPER THOMSON RD

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

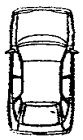
If **NO**, Driver Name / Age : KANG SWEE NGUAN OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

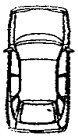
SMF 7111G → → →



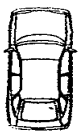
INSRS:
WSP: JKS Motor Works Pte Ltd
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SH 7311P - NBA/MSG17000734/Y ; 10.01.2017
	SMF 7111G - X
27/07/2021	SETTLED AND CLOSED / NO PHY FILE

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/S S$ 2,000.00 (4 days) Reduction: 70.91 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 21/07/2021 Confirm with leslie Email ✓ Call ☐

Final Liability:	% 50 (Agreed / Assessed) BOLA S/N No. : 9(e)	If NO or B 28, Ass. Lia :
Repair Cost: 2,000.00	S$ 1,000.00	
Loss of Rental (LOR):	S$ (days)	
Loss of Use (LOU): 300.00	S$ 150.00 ($ 60 x 5 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: $350.00
Total:	**S$** 1,150.00 **Global Sum S$:**	

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

Payee 1:	S$ 1,150.00	Name 1:	SEM AUTO CARE PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	