15/5/2010

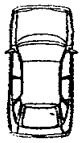
INS. CASE OWNER: CHRIS LIM | CC3/FCI20011705/Kda3 | LKK: IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 26/10/2020 Date / Time : 26/10/2020

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SH 8977L Claim No. :

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

Insured Tel No. : HP: Make / Model :

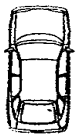
Excess Sec II :S$ D.O.A : 23/10/2020 01:15 Place of Accident : HOLLAND AVENUE

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

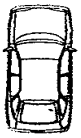
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

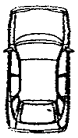
SHB 7648E →



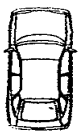
INSRS:
WSP: TRANS-CAB AUTO
Tel :
Liability
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SHB 7648E - X		
	SH 8977L - CS/FCI17011697/Grbk2 ; 10/06/2017	Non-Reporting ltr (1st):	
	CS/FCI17012902/Kgh3e2 ; 01/07/2017	Non-Reporting ltr (2nd):	
	NA/INC13016253/m2 ; 03/09/2013	Non-Reporting ltr (Final):	
	NA/MSG11015462/s2 ; 01/08/2011	Notification ltr (if non-pickup):	
	NS/INC11019402/H1qn ; 20/09/2011	Call OI:	
	NS/INC19010730/K1td3n2 ; 12/06/2019	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: P/P S$ 1,144.53 (1.5 days) Reduction: 89 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 25/02/2021 Confirm with WAIYIN Email ☑ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 1,224.65	
Loss of Rental (LOR):	S$ 158.97 (1.5 days) x $105.98 (WITHOUT GST)	
Loss of Use (LOU):	S$ ($ x days)	
Loss of Income (LOI):	S$ 125.00 ($ 50 x 2.5 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 500.00
Legal Cost	S$	3) Survey fee: ~~350.00~~
Total:	**S$** 1,508.62 **Global Sum S$:** 1,500.00	

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

Payee 1:	S$ 1,500.00	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:	