15/5/2010

INS. CASE OWNER:

CC4/III20011803/Gba3

LKK:

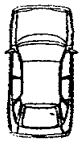
IDAC:

ASSIGNMENT

Surveyor: XING GUO QIANG DOI: 29/10/2020 Date / Time : 29/10/2020

Registered in Merimen: 29/10/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 2822X Claim No. :

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

Insured Tel No. : HP: Make / Model :

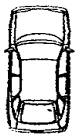
Excess Sec II :S$ D.O.A : 29/08/2020 23:20 Place of Accident : TIONG BAHRU ROAD

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

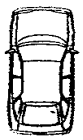
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

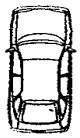
FBJ 928Y → → →



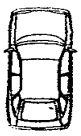
INSRS: THE SINCERE MOTOR REPAIRING PL
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	FBJ 928Y - X	
	SHC 2822X - CC3/CTI18001721/K1ks3n2 ; 25/01/2018	
	CS/INC08033668/Yce1 ; 25/12/2008	
	NA/MSG14019880/n4 ; 21/10/2014	

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: XGQ

Repair Cost: L/S S$ 2,000.00 (2 days) Reduction: 56 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 02.06.22 Confirm with ANGELINE Email ☐ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 9	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 2,000.00	OID MAKE TURN INTO MAIN ROAD
Loss of Rental (LOR):	S$ - (days)	
Loss of Use (LOU):	S$ 60.00 ($ 20 x 3 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: $350
Total:	**S$** 2,060.00 **Global Sum S$:**	

FINAL PAYMENT Date/Time: 02.06.22 Confirm with: ANGELINE Email ☐ Call ☐

Payee 1:	S$ 2,060.00	Name 1:	THE SINCERE MOTOR REPAIRING PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	