15/5/2010

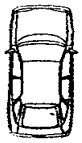
INS. CASE OWNER: RACHEL WU | CC4/FCI20012350/Gra3 | LKK: IDAC:

ASSIGNMENT

Surveyor: XGQ DOI: 13/11/2020 Date / Time : 11/11/2020

Registered in Merimen: ——

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 2318X Claim No. : D20004571MFSH

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

Insured Tel No. : HP: Make / Model :

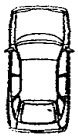
Excess Sec II :S$ D.O.A : 06/11/2020 00:40 Place of Accident : NORTH BRIDGE RD BEFORE NORTH CANAL RD

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

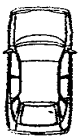
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

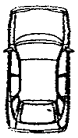
SKD 8149B → → →



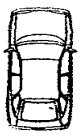
INSRS:
WSP: BIFROST AUTO
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SKD 8149B - SHA 2318X NA/INC20012196/z4 ; 06.11.2020 CS/FCI14006676/Dvm3k3 ; 08/04/2014 NA/III14021346/d2 ; 12/11/2014	

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:
Repair Cost: I/SUM	S$ 3,800.00 (4 days) Reduction: 76 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:05/08/2021 Confirm with Suanne		Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL		If NO or B 28, Ass. Lia :
Repair Cost:	S$ 4,066.00		
Loss of Rental (LOR): w/gst	S$ 642.00 (6 days) x $100.00		
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ ($ x days)		
LOR only ☑ LOU only ☐	LOR + LOU ☐ LOR + LOI ☐ [**Tick only one**]		
GIA/LTA Search	S$ 7.45		
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: 600.00
Total:	**S$** 4,715.45	**Global Sum S$:**	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 4,715.45	Name 1: BIFROST AUTO PTE LTD	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	