15/5/2010

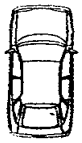
INS. CASE OWNER: VIC | CC3/FCI20012360/Kea3 | LKK: IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 10/11/2020 Date / Time : 10/11/2020

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SHD 6959D Claim No. :

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

Insured Tel No. : HP: Make / Model :

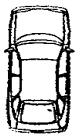
Excess Sec II :S$ D.O.A : 09/11/2020 14:40 Place of Accident :

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

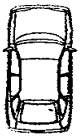
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

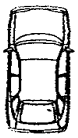
SHC 5602U → → →



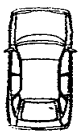
INSRS: TRANS-CAB AUTO
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SHC 5602U - CC3/AIG12006459/Ksr1g2 ; 28/03/2012	Non-Reporting ltr (1st):	
	CC3/TMI11011877/Kfk3 ; 17/06/2011	Non-Reporting ltr (2nd):	
	SHD 6959D - CC4/ASM18022491/K1fb3q2 ; 09/12/2018	Non-Reporting ltr (Final):	
	CS/FCI17006975/h3 ; 29/11/2016	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: L/S S$ 1,800.00 (2 days) Reduction: 79 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 22.02.21 Confirm with WAI YIN Email ☐ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 1,926.00	OID TRAVEL STR WITH A STOP LINE
Loss of Rental (LOR):	S$ 151.64 (2 days) X $75.82	
Loss of Use (LOU):	S$ - ($ x days)	
Loss of Income (LOI):	S$ 100.00 ($ 50 x 2 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: $350
Total:	**S$** 2,177.64 **Global Sum S$:** 2,150.00	

FINAL PAYMENT Date/Time: 22.02.21 Confirm with: WAI YIN Email ☐ Call ☐

Payee 1:	S$ 2,150.00	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:	