15/5/2010

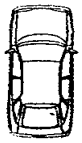
INS. CASE OWNER: CHRIS LIM | CC4/FCI20012615/Ara3q2 | LKK: IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 16/11/2020

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SHB 4076A | Claim No. : D20004639MFSH

Name of Insured : COMFORT TRANSPORTATION PTE LTD | Policy No. : D-20094922MFSH

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

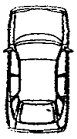
Excess Sec II :S$ _____ D.O.A : 10/11/2020 20:00 | Place of Accident : ANG MO KIO AVE 1 TWDS ANG MO KIO AVE 8

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

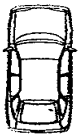
If **NO**, Driver Name / Age : WONG LOKE SOON | OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

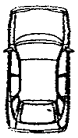
SJQ 8428P → _____ → _____ → _____



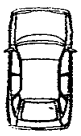
INSRS:
WSP: HUA MENG
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SJQ 8428P - X SHB 4076A - X	

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/SUM S$ 3,800.00 (5 days) Reduction: 67 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 23/3/2021 Confirm with JINGYEE Email ☑ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 15	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 3,800.00	
Loss of Rental (LOR):	S$ (days)	
Loss of Use (LOU):	S$ 250.00 ($ 50 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$ 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: 500.00
Total:	**S$** 4,057.45 **Global Sum S$:**	

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

Payee 1:	S$ 4,057.45	Name 1:	Hua Meng Spray Painting Workshop
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	