15/5/2010

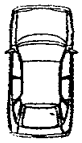
INS. CASE OWNER: RACHEL WU | CC4/FCI20012872/Kea3 | LKK: IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 23/11/2020 Date / Time : 23/11/2020

Registered in Merimen: ——

Pre-assign / CCU / FTE



Insured Vehicle No. : SH 8738K Claim No. : D20004759MFSH

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

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

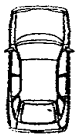
Excess Sec II :S$ D.O.A : 19/11/2020 18:45 Place of Accident : PIE (TUAS)

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

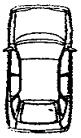
If **NO**, Driver Name / Age : BOON TIANG CHIANG OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

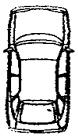
SLP 6695D →



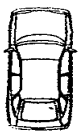
INSRS:
WSP: Optima Werkz
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SLP 6695D - X	**STAGE** **DATE / PIC**
	SH 8738K - CC3/CAI14016823/H1wy3w2 ; 31/08/2014	Non-Reporting ltr (1st):
	CC3/FCI14022855/Kqbu2 ; 11/10/2014	Non-Reporting ltr (2nd):
	CS/FCI16009707/Uqh3c2 ; 23/05/2016	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:
PRELIMINARY ADVICE	Date/Time: Sent By:	Post-Repair Photos:
		Others:

FINALIZATION	Date/Time:	Confirm with:	Confirm by: KSC
Repair Cost: L/S	S$ 4,250.00 (5 days) Reduction: 46 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 22.04.21	Confirm with KAITHLYN	Email ☐ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 100%
Repair Cost: w/GST	S$ 4,547.50	3VEH CC OID LAST	
Loss of Rental (LOR): w/GST	S$ 749.00 (7 days) X $100		
Loss of Use (LOU):	S$ - ($ x days)		
Loss of Income (LOI):	S$ - ($ x days)		
LOR only ☑ LOU only ☐	LOR + LOU ☐ LOR + LOI ☐ [**Tick only one**]		
GIA/LTA Search	S$ -		
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: $350
Total:	**S$** 5,296.50	**Global Sum S$:**	

FINAL PAYMENT	Date/Time: 22,04.21	Confirm with: KAITHLYN	Email ☐ Call ☐
Payee 1:	S$ 5,296.50	Name 1:	OPTIMA WERKZ PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	