15/5/2010

INS. CASE OWNER:

CC4/III20013100/Aba3

LKK:

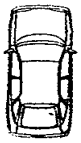
IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 27/11/2020

Registered in Merimen: 25/11/2020 BY MERIMEN

Pre-assign / CCU / FTE



Insured Vehicle No. : SHD 4774H — Claim No. : _____

Name of Insured : COMFORT TRANSPORTATION PTE LTD — Policy No. : MCOM0015

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

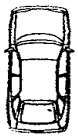
Excess Sec II :S$ _____ D.O.A : 22/11/2020 — Place of Accident : CTE(AYE) MOULMEIN RD

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

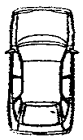
If **NO**, Driver Name / Age : MUHAMMAD ISKANDAR QUAK — OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

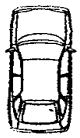
SLM 4398R → _____ → _____ → _____



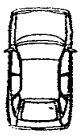
INSRS:
WSP: CDGE UBI
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SHD 4774H - CC3/CTI15020346/H1yg3n2 ; 28/11/2015	**STAGE**	**DATE / PIC**
	CS/III18012548/Urbn2 ; 06/07/2018	Non-Reporting ltr (1st):	
	NS/INC16006617/H1qh3n2 ; 08/04/2016	Non-Reporting ltr (2nd):	
	SLM 4398R - X	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:	
29/03/2021	SETTLED AND CLOSED / NO PHY FILE	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:
Repair Cost: P/P	S$ 2,350.90 (4 days)	Reduction: 73.47 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 29/03/2021	Confirm with CECELIA LEE	Email ✓ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: (W/GST)	S$ 2,515.46		
Loss of Rental (LOR):	S$ (days)		
Loss of Use (LOU):	S$ 480.00 ($ 80 x 6 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: $350.00
Total:	**S$** 2,995.46	**Global Sum S$:** 2,850.00	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 2,850.00	Name 1:	COMFORTDELGRO ENGINEERING PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	