

15/5/2010

INS. CASE OWNER:

CC4/FCI20013397/Kes3

LKK:

IDAC:

Surveyor:

Kenneth

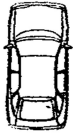
DOI:

ASSIGNMENT
09/12/2020

Date / Time : 04/12/2020

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 8566X

Claim No. : —

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Policy No. : —

Insured Tel No. : — HP: —

Make / Model : —

Excess Sec II :S\$ — D.O.A : 07/10/2020

Place of Accident : —

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

If NO, Driver Name / Age :

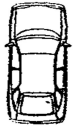
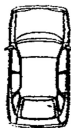
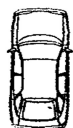
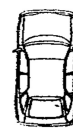
OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NO

Driver Tel No. :

(V/L: ☒ YES / NO)

Insured Liability : % Final ? Yes / No

SGS 4334C

INSRS:
WSP: AH LIM MOTOR
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SGS 4334C : X	STAGE DATE / PIC
	SHC 8566X : CS/FCI19019157/Uvf3n2 ; DOA : 25/10/2019	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: KSC	
Repair Cost: L/S S\$ 1,250.00 (2 days' Reduction: 73 %	Email ☐ Call ☐	
FINAL SETTLEMENT Date/Time: 14.09.21 Confirm with MUI HONG	Email ☐ Call ☐	
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :	
Repair Cost: w/GST S\$ 1,337.50	OID REVERSED AND HIT TP PARKED VEH	
Loss of Rental (LOR): S\$ - (days)		
Loss of Use (LOU): S\$ 100.00 (\$ 50 x 2 days)		
Loss of Income (LOI): S\$ - (\$ x days)		
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LC ☐ [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: \$350	
Total: S\$ 1,444.95	Global Sum S\$:	
FINAL PAYMENT Date/Time: 14.09.21 Confirm with: MUI HONG	Email ☐ Call ☐	
Payee 1: S\$ 1,444.95	Name 1: AH LIM MOTOR COMPANY	
Payee 2: (Strike if N.A.) S\$	Name 2:	
Payee 3: (Strike if N.A.) S\$	Name 3:	