15/5/2010

INS. CASE OWNER: VIC

CC4/FCI20014227/Kra3

LKK:

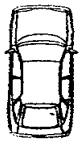
IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 21/12/2020 Date / Time : 21/12/2020

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 2759X Claim No. : D20005199MFSH

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

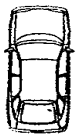
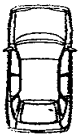
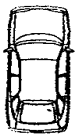
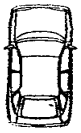
Insured Tel No. : HP: Make / Model : HYUNDAI IONIQ

Excess Sec II :S$ D.O.A : 17/12/2020 13:05 Place of Accident : AYE TOWARDS CITY

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

If **NO**, Driver Name / Age : MOHD SINARI BIN ABDUL RAHMAN OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

SHC 2759X →	SMP 9017E →	SMG 2050Y →	SLP 4231Y
			
INSRS:	INSRS: Optima	INSRS:	INSRS:
WSP:	WSP: Werkz	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS: OI	RMKS: TP	RMKS:	RMKS:

Date/ Time		STAGE	DATE / PIC
	SMP 9017E - X	Non-Reporting ltr (1st):	
	SHC 2759X - CC3/AIG10002781/Cb2e2h ; 08/02/201	Non-Reporting ltr (2nd):	
	CC3/FCI14000513/Ktm3k3 ; 12/11/2013	Non-Reporting ltr (Final):	
	CC3/LCR17006179/H1eb3q2 ; 24/03/2017	Notification ltr (if non-pickup):	
	CC6/AIG09012422/KDvh ; 03/06/2009	Call OI:	
	NA/RSI09011991/z1 ; 29/05/2009	After call ltr to OI:	
	NS/INC17007156/H1vbn2 ; 10/04/2017	**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:
Repair Cost: L/SUM	S$ 20,200.00 (18 days) Reduction: 41 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 21/6/2021 Confirm with KAITLYN		Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 28		If NO or B 28, Ass. Lia : 0
Repair Cost:	S$ 21,614.00		
Loss of Rental (LOR):	S$ 2,500.00 (25 days) x $100.00		
Loss of Use (LOU):	S$ ($ 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$ 60.00 (e.g. Tow/ Independent)		2) Report Format: TP
Legal Cost	S$		3) Survey fee: 600.00
Total:	**S$** 24,174.00 **Global Sum S$:**		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 24,174.00	Name 1:	OPTIMA WERKZ PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	