15/5/2010

INS. CASE OWNER: VIC

CC4/FCI20014232/Era3

LKK:

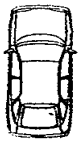
IDAC:

ASSIGNMENT

Surveyor: STEVE DOI: 22/12/2020 Date / Time : 21/12/2020

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 6610A Claim No. : D20005205MFSH

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

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

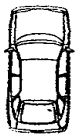
Excess Sec II :S$ D.O.A : 18/12/2020 11:10 Place of Accident : BRADDELL RD TWDS LOR 6 TOA PAYOH

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

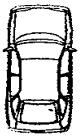
If **NO**, Driver Name / Age : NEO YIT SAY OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

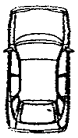
SMP 5948U → → →



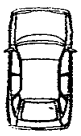
INSRS:
WSP: C & C KIA
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SMP 5948U - NA/LIP20004264/z4 ; 30.11.2019	**STAGE** **DATE / PIC**
	SHA 6610A - NBA/INC18004343/Y ; 06/03/2018	Non-Reporting ltr (1st):
	NS/INC11022466/H1y1 ; 28/10/201	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:
PRELIMINARY ADVICE	Date/Time: Sent By:	Post-Repair Photos:
		Others:

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: P/P	S$ 2,979.00 (3 days) Reduction: 54 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 21.4.2021 Confirm with LARRY		Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27		If NO or B 28, Ass. Lia :
Repair Cost: W/GST	S$ 3,187.53		
Loss of Rental (LOR):	S$ 428.00 (4 days) x $107.00		
Loss of Use (LOU):	S$ ($ 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$ (e.g. Tow/ Independent)		2) Report Format: TP
Legal Cost	S$		3) Survey fee: 350.00
Total:	**S$** 3,615.53	**Global Sum S$:**	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 3,615.53	Name 1: CYCLE & CARRIAGE KIA PTE LTD	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	