15/5/2010

INS. CASE OWNER:

CC4/III20014235/R1ba3q2

LKK:

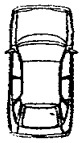
IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 21.12.2020

Registered in Merimen: 21.12.2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SHD 3454M Claim No. : _____

Name of Insured : COMFORT TRANSPORTATION PTE LTD Policy No. : _____

Insured Tel No. : _____ HP: _____ Make / Model : _____

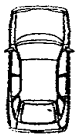
Excess Sec II :S$ _____ D.O.A : 21/12/2020 07:05 Place of Accident : ALONG CORPORATION DRIVE

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

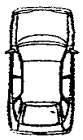
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

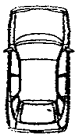
SHD 8591S → _____ → _____ → _____



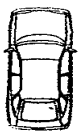
INSRS:
WSP: DING AUTOMOTIVE
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SHD 8591S - CS3/FCI16020029/Sgh3s2 ; 16.10.2016	
	SHD 3454M - CC3/AIG16021721/H1yg3q2 ; 12/11/2016	
	CC4/ASM18021548/K1pb3q2 ; 27/11/2018	
	CS/CTI18007003/Drbn2 ; 13/04/2018	
	CS3/III18007006/Gqbe2-1 ; 13/04/2018	
	CS3/III18007006/Gz4be2 ; 13/04/2018	
	NA/INC15004872/Cd2 ; 20/03/2015	
08/03/2021	SETTLED AND CLOSED / NO PHY FILE	

STAGE	DATE / PIC
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:

Repair Cost: L/S S$ 4,650.00 (5 days) Reduction: 55.79 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 05/03/2021 Confirm with KELLY Email ☑ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 15	If NO or B 28, Ass. Lia :
Repair Cost: (W/GST)	S$ 4,975.50	
Loss of Rental (LOR):	S$ 310.29 (3 days) x $103.43	
Loss of Use (LOU):	S$ ($ x days)	
Loss of Income (LOI):	S$ 120.00 ($ 40 x 3 days)	
LOR only ☐ LOU only ☐	LOR + LOU ☐ LOR + LOI ☑ [**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: $500.00
Total:	S$ 5,413.24 **Global Sum S$:** 5,300.00	

FINAL PAYMENT Date/Time: Confirm with: Email ☐ Call ☐

Payee 1:	S$ 5,300.00	Name 1:	DING AUTOMOTIVE PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	