15/5/2010

INS. CASE OWNER:

CC3/III20014373/R1ga3

LKK:

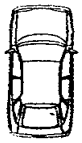
IDAC:

ASSIGNMENT

Surveyor: RASUL DOI: 21/01/2021 Date / Time : 23.12.2020

Registered in Merimen: 23.12.2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 2182J Claim No. :

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

Insured Tel No. : HP: Make / Model :

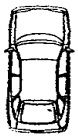
Excess Sec II :S$ D.O.A : 23.12.2020 09:07 Place of Accident : PAYA LEBAR RD

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

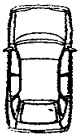
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

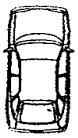
SGQ 72U → → →



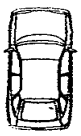
INSRS:
WSP: Performance Motors
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SGQ 72U - X	**STAGE** **DATE / PIC**
	SHC 2182J - CC3/AXA12004835/H1ec3q2 ; 07/03/2012	Non-Reporting ltr (1st):
	CC3/AXA12014864/H1edz1 ; 30/07/2012	Non-Reporting ltr (2nd):
	CS/TMI19000405/T1qd3e2 ; 04/01/2019	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$ 19,389.25 (9 days)	Reduction: $3,383.00 % 15	Email ✓ Call
FINAL SETTLEMENT	Date/Time: 30/06/2021	Confirm with EVELYN	Email ✓ Call
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 31a	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 20,746.50 W/GST		
Loss of Rental (LOR):	S$ (days)		
Loss of Use (LOU):	S$ 900.00 ($ 100 x 9 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: $600.00
Total:	**S$** 21,646.50	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ✓ Call
Payee 1:	S$ 21,646.50	Name 1:	PERFORMANCE MOTORS LIMITED
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	