15/5/2010

INS. CASE OWNER: VIC

CC4/FCI20014452/ea3

LKK:

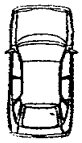
IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 24/12/2020

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SH 9020R — Claim No. : D20005275MFSH

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

Insured Tel No. : _____ HP: _____ — Make / Model : TOYOTA PRIUS

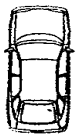
Excess Sec II :S$ _____ D.O.A : 22/12/2020 14:10 — Place of Accident : JURONG WEST ST 41 T JUNCTION JURONG LAKE LINK

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

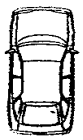
If **NO**, Driver Name / Age : LIM KIM SWEE — OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

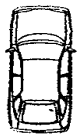
SJX 7105R → _____ → _____ → _____



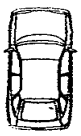
INSRS:
WSP: XINYA AUTO SERVICES PTE LTD
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SJX 7105R - CS/AGI19021936/Eyd3n2 ; 10.12.2019
	SH 9020R - CC3/AIC10025804/Fqn ; 23/12/2010
	CC3/AIG08012681/CDn ; 21/04/2008
	CC3/AXA12003691/H1ec3f1 ; 17/02/2012
	CS/FCI17023021/Uqbn2 ; 01/12/2017
	CS/INC08031268/Gc ; 19/11/2008
	CS/INC09002772/Cvh ; 01/02/2009
	NA/INC08030792/r ; 19/11/2008

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: MRB

Repair Cost: L/S S$ 4,000.00 (5 days) Reduction: 27 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: Confirm with EXCLUDE CHECK ITEM $103.50 Email ☐ Call ☐

Final Liability:	% (Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost:	S$	
Loss of Rental (LOR):	S$ (days)	
Loss of Use (LOU):	S$ ($ x days)	SURVEY FEE: $140
Loss of Income (LOI):	S$ ($ x days)	TRANSPORT: $100
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [**Tick only one**]		PHOTO : $88
GIA/LTA Search	S$	
Medical:	S$	1) Claim status: Normal/~~Reject/Private Settle~~
Disbursement:	S$ (e.g. Tow/ Independent)	2) Report Format: TP/WP
Legal Cost	S$	3) Survey fee: $328
Total:	**S$** **Global Sum S$:**	

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

Payee 1:	S$	Name 1:	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	