15/5/2010

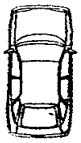
INS. CASE OWNER: RACHEL WU | CC4/FCI20014453/R1ea3 | LKK: IDAC:

ASSIGNMENT

Surveyor: RASUL DOI: 18/01/2021 Date / Time : 24/12/2020

Registered in Merimen: ——

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 2458P Claim No. : D20005211MFSH

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

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

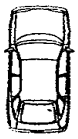
Excess Sec II :S$ D.O.A : 18/12/2020 19:00 Place of Accident : CTE TUNNEL TWDS SLE BEFORE CLEMENCEAU AVE EXIT

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

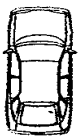
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

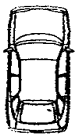
SMG 803J → → →



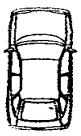
INSRS:
WSP: PERFORMANCE MOTOR LTD
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SMG 803J - NA/INC20014146/Y ; 18.12.2020	
	SHC 2458P - CC3/AXA12018168/H1hdc3 ; 16/09/2012	
	CS/FCI16017428/T1qbm2 ; 10/09/2016	

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: P/P S$ 18,724.40 (6 days) Reduction: 9 % Email ☐ Call ☐

FINAL SETTLEMENT	Date/Time: 25.06.21	Confirm with EVELYN	Email ☐ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 28 3VEH CC OID LAST	If NO or B 28, Ass. Lia : 100%
Repair Cost: w/GST	S$ 20,035.11		
Loss of Rental (LOR):	S$ - (days)		
Loss of Use (LOU):	S$ 360.00 ($ 60 x 6 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: $600
Total:	**S$** 20,395.11	**Global Sum S$:**	

FINAL PAYMENT	Date/Time: 25.06.21	Confirm with: EVELYN	Email ☐ Call ☐
Payee 1:	S$ 20,395.11	Name 1:	PERFORMANCE MOTORS LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	