15/5/2010

INS. CASE OWNER:

CC4/III20014617/Aba3

LKK:

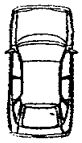
IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 29/12/2020

Registered in Merimen: 29/12/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SHD 3541U Claim No. : _____

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

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

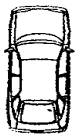
Excess Sec II :S$ _____ D.O.A : 22/12/2020 14:10 Place of Accident : _____

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

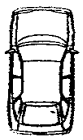
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

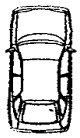
SMP 6201J → _____ → _____ → _____



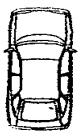
INSRS:
WSP: KAH MOTOR UBI
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SMP 6201J - X	
	SHD 3541U - CC3/AIC10012720/Ffr1 ; 27/06/2010	
	CC4/III18010428/Vja3q2 ; 04/06/2018	
	NS/INC18006029/K1tbn2 ; 30/03/2018	
		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
06/05/2021	SETTLED AND CLOSED / NO PHY FILE	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: P/P	S$ 1,928.58 (3 days)	Reduction: 57.12 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 03/05/2021	Confirm with Cslim	Email ✓ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: (W/GST)	S$ 2,063.57		
Loss of Rental (LOR): (W/GST)	S$ 321.00 (3 days)	X $100.00	
Loss of Use (LOU):	S$ ($ 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: $350.00
Total:	**S$ 2,384.57**	**Global Sum S$:**	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 2,384.57	Name 1: KAH MOTOR CO SDN BHD	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	