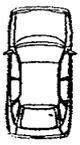| INS. CASE OWNER:	VIC	CC4/FCI21000178/Ara3	LKK:
			IDAC:

ASSIGNMENT

Surveyor: **ADRIAN**   DOI: **05/01/2021**   Date / Time : **05/01/2021**

Registered in Merimen: _____

Pre-assign / CCU / FTE

|	
Insured Vehicle No. : **SH 9660T**	Claim No. : **D21000079MFSH**
Name of Insured : **COMFORT TRANSPORTATION PTE LTD**	Policy No. : **D-20094922MFSH**
Insured Tel No. : _____ HP: _____	Make / Model : **HYUNDA I40**
Excess Sec II :S$ _____ D.O.A : **31/12/2020 23:00**	Place of Accident : **CARLIISLE RD X CAMBRIDGE RD**

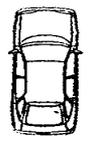Is driver the owner? (YES / NO)   Nature of Accident : _____

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

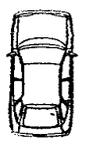Driver Tel No. : _____ (V/L: YES / NO)   Insured Liability : ____ %   **Final ? Yes / No**
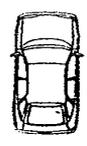
SMC 1437Y → → →
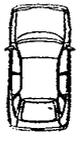
INSRS: WSP: **CN MOTORS PTE LTD** Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time		STAGE	DATE / PIC
	SMC 1437Y - X	Non-Reporting ltr (1st):	
	SH 9660T - CC3/AIG16018555/M1wa3q2 ; 29/09/2016	Non-Reporting ltr (2nd):	
	CC3/FCI16018757/Kvbq2 ; 29/09/2016	Non-Reporting ltr (Final):	
	CC3/LCR18011496/K1wa3q2 ; 20/06/2018	Notification ltr (if non-pickup):	
	CS/FCI09005769/Ufg1 ; 15/03/2009	Call OI:	
	CS/FCI19003485/Kqd3n2 ; 18/02/2019	After call ltr to OI:	
	CS3/FCI16001814/Gqh3c2 ; 24/01/2016		

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/SUM** S$ **7,300.00** (**6** days) Reduction: **47** %	Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: **09/04/2021** Confirm with **SUKYI**   Email ☑ Call ☐

Final Liability: % **100** (Agreed / Assessed) BOLA S/N No. : **8A**	If NO or B 28, Ass. Lia :
Repair Cost: S$ **7,300.00**	
Loss of Rental (LOR): S$ **800.00** (**8** 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$ **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$ **8,107.45** **Global Sum S$:**	

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

Payee 1: S$ **8,107.45**	Name 1: **CN MOTORS PTE LTD**
Payee 2: (Strike if N.A.) S$	Name 2:
Payee 3: (Strike if N.A.) S$	Name 3: