15/5/2010

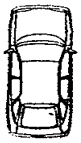
INS. CASE OWNER: KAREN TAN | CC4/FCI21000710/Rea3 | LKK: IDAC:

ASSIGNMENT

Surveyor: RASUL DOI: 22/01/2021 Date / Time : 14/01/2021

Registered in Merimen: ——

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 7119X Claim No. : D20004403MFSH

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

Insured Tel No. : HP: Make / Model :

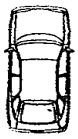
Excess Sec II :S$ D.O.A : 24/10/2020 09:00 Place of Accident : ALONG SIMS AVE BEFORE LOR 27A GEYLANG

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

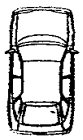
If **NO**, Driver Name / Age : PEH ENG HENG OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

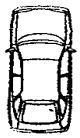
SLU 3469J → → →



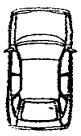
INSRS:
WSP: MOTOR IMAGE
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SLU 3469J - X	
	SHA 7119X - CC3/AXA11025554/H1ec3c1 ; 09/12/2011	
	CC3/CTI17016412/K1zb3n2 ; 22/08/2017	
	CS/FCI09023535/Yfr1 ; 09/05/2009	
	CS/FCI15000787/Uqbd1 ; 13/01/2015	
	NJA/INC09012243/y1 ; 09/05/2009	
	NS/INC15006859/H1vbd1 ; 21/04/2015	

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: RMB

Repair Cost: P/P S$ 980.00 (3 days) Reduction: 67 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 25.08.22 Confirm with Email ☐ Call ☐

Final Liability:	% (Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost:	S$	survey fee: $110
Loss of Rental (LOR):	S$ (days)	trip: $50
Loss of Use (LOU):	S$ ($ x days)	photo: $14
Loss of Income (LOI):	S$ ($ 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/WP
Legal Cost	S$	3) Survey fee: $174
Total:	**S$** **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:	