INS. CASE OWNER: CHAN Kian Chuan 68805444

CC4/ASM21001707/Uba3

LKK:
IDAC: 202488

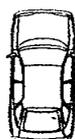## ASSIGNMENT

Surveyor: MARCUS   DOI: 05/02/2021   Date / Time: 04/02/2021

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : **SHC 3342H**   Claim No. : **S1M0329R**

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

Insured Tel No. :   HP: Make / Model :

Excess Sec II :S$ D.O.A : 25/01/2021 19:30   Place of Accident : **101 Pasir Ris Street 12, Block 101, Singapore 510101**

Is driver the owner? (YES / NO)   Nature of Accident :
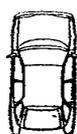
If **NO**, Driver Name / Age :

Driver Tel No. :   (V/L: YES / NO)   OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

SJT 3358A →
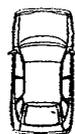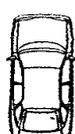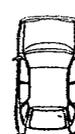
INSRS: WSP: **BIFROST AUTO** Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability: RMKS:

Date/ Time		STAGE	DATE / PIC
	SJT 3358A - NA/CTI21001302/h4 ; 25.01.2021	Non-Reporting ltr (1st):	
	SHC 3342H - CC4/III20011796/R1gs3 ; 26/10/2020	Non-Reporting ltr (2nd):	
	NA/CTI21001302/h4 ; 25/01/2021	Non-Reporting ltr (Final):	
	NA/INC19012343/Cz4 ; 11/07/2019	Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	

Documentation Check List: Handler Typist

Item	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:		

13/09/2021   SETTLED AND CLOSED / NO PHY FILE

PRELIMINARY ADVICE Date/Time: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: **L/S** S$ **2,400.00** (**3** days) Reduction: **83.41** %   Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 09/09/2021   Confirm with: **SUANNE TAN**   Email ✓ Call ☐

Final Liability:	% **100** (Agreed / Assessed) BOLA S/N No. : **NIL**	If NO or B 28, Ass. Lia :
Repair Cost: (W/GST)	S$ **2,568.00**	
Loss of Rental (LOR):	S$ (days)	**OID HIT PARKED TP**
Loss of Use (LOU):	S$ **200.00** ($ **50** x **4** 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: **$350.00**
Total:	S$ **2,775.45** Global Sum S$: **2,640.00**	

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

Payee 1:	S$ **2,640.00**	Name 1: **Bifrost Auto Pte Ltd**
Payee 2: (Strike if N.A.)	S$	Name 2:
Payee 3: (Strike if N.A.)	S$	Name 3: