15/5/2010

INS. CASE OWNER: CC4/ASM21002535/Apa3

LKK:

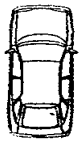
IDAC: 202959

ASSIGNMENT

Surveyor: ADRIAN DOI: 23/02/2021 Date / Time : 15/03/2021

Registered in Merimen: ——

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 1615J Claim No. : S1M035GS

Name of Insured : COMFORT TRANSPORTATION PTE LTD Policy No. : P2419138

Insured Tel No. : HP: Make / Model : Toyota Prius

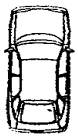
Excess Sec II :S$ D.O.A : 22/02/2021 01:25 Place of Accident : SEMBAWANG RD TWDS CANBERRA RD

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

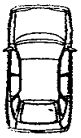
If **NO**, Driver Name / Age : CHAI HONG YAN OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

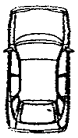
SJV 2563U → → →



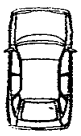
INSRS:
WSP: FONG MOTORS
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHC 1615J - NA/INC15004044/Cn4 ; 06.03.15
	SJV 2563U - CC3/TMI16022672/H1vbn2 ; 26.11.2016
26/04/2021	Pls refer to VIEWS for details.

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:

Repair Cost: L/sum S$ 8,300.00 (7 days) Reduction: 57 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 01/05/2021 Confirm with Siew Cheng Email ☑ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 15	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 8,300.00	
Loss of Rental (LOR):	S$ 1,170.00 (9 days) x$130.00	
Loss of Use (LOU):	S$ ($ 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$ 50.00 (e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$	3) Survey fee: $350.00
Total:	**S$** 9,520.00 **Global Sum S$:** 9,500.00	

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

Payee 1:	S$ 9,500.00	Name 1:	Fong Motors
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	