15/5/2010

INS. CASE OWNER: ANG Richard 6880 5450

CC4/ASM21002953/Aga3

LKK:

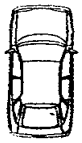
IDAC: 201231

ASSIGNMENT

Surveyor: ADRIAN DOI: 05/03/2021 Date / Time : 04/03/2021

Registered in Merimen: ———

Pre-assign / CCU / FTE



Insured Vehicle No. : SH 8896L Claim No. :

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

Insured Tel No. : HP: Make / Model :

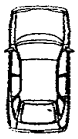
Excess Sec II :S$ D.O.A : 02/03/2021 17:20 Place of Accident : Sengkang E Dr & Sengkang E Way

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

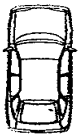
If **NO**, Driver Name / Age : GOH BENG CHIN OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

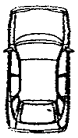
PC 8622Y → → →



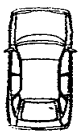
INSRS:
WSP: Xin Hua Workshop Pte Ltd
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	PC 8622Y - X	**STAGE** **DATE / PIC**
	SH 8896L - CC4/FCI19021525/Dea3q2 ; 30/11/2019	Non-Reporting ltr (1st):
	CC4/FCI20010925/Epa3q2 ; 07/10/2020	Non-Reporting ltr (2nd):
	CS/FCI19011143/T1td3n2 ; 15/06/2019	Non-Reporting ltr (Final):
	CS/FCI19013566/Kqf3n2 ; 05/07/2019	Notification ltr (if non-pickup):
	NBA/INC19020117/Y ; 12/11/2019	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: ☐
PRELIMINARY ADVICE	Date/Time: Sent By:	Post-Repair Photos: ☐ ☐
		Others: ☐ ☐

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost:	S$ (days) Reduction: %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Call ☐
Final Liability:	% (Agreed / Assessed)	BOLA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost:	S$		
Loss of Rental (LOR):	S$ (days)		
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:
Legal Cost	S$		3) Survey fee:
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:	