15/5/2010

INS. CASE OWNER: CHAN Kian Chuan 68805444

CC4/ASM21009783/Upa3

LKK:

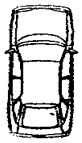
IDAC: 228793

ASSIGNMENT

Surveyor: MARCUS DOI: 20/09/2021 Date / Time : 20/09/2021

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 1341Z Claim No. : S1M03I7R

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

Insured Tel No. : HP: Make / Model :

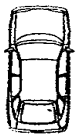
Excess Sec II :S$ D.O.A : 17/09/2021 22:25 Place of Accident : Mandai Rd TOWARDS WOODLANDS ROAD

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

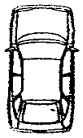
If **NO**, Driver Name / Age : SIEW TIONG CHOON OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

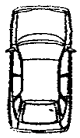
SMQ 4209X → → →



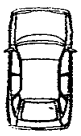
INSRS:
WSP: FASTECH
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SMQ 4209X - X	Non-Reporting ltr (1st):	
	SHC 1341Z - CC3/AIG14012440/Szy3w2; 30/06/2014	Non-Reporting ltr (2nd):	
	CC3/III18015315/Kwa3q2; 18/08/2018	Non-Reporting ltr (Final):	
	CC4/III19015170/Uea3q2; 26/08/2019	Notification ltr (if non-pickup):	
	CC4/LPC18016364/Djb3s2; 05/09/2018	Call OI:	
	CC6/III15004661/Rwa3q2; 10/03/2015	After call ltr to OI:	
	CC6/III16024617/Uub3q2; 23/12/2016	**Documentation Check List:**	**Handler** **Typist**
	CS/III13013037/T1tu2; 15/07/2013	Notification ltr (if non-pickup)	
	~~CS3/III18018893/Kga3e2; 14/10/2018~~	After call ltr to OI:	
	NA/FCI14017981/r3; 22/09/2014	Authorisation To Act:	
	NS/INC14010366/H1tbc3; 29/05/2014	Release Voucher:	
	NS/INC14011698/Stbu2 ; 19/06/2014	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$ 2,200.00 (3 days) Reduction: 73 % 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~~ /WP
Disbursement:	S$	(e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$		3) Survey fee: $250.00
Total:	**S$**	**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:	