15/5/2010

INS. CASE OWNER: CHAN Kian Chuan 68805444

CS3/ASM21000594/Gga3-1

LKK:

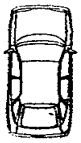
IDAC: 202110

ASSIGNMENT

Surveyor: XGQ DOI: 13/01/2021 Date / Time : 18/10/2021

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SHD 6970U Claim No. : S1M03502

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

Insured Tel No. : HP: Make / Model : Hyundai I40

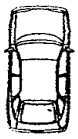
Excess Sec II :S$ D.O.A : 06/01/2021 22:20 Place of Accident : GEYLANG ROAD BEFORE CEYLANG LOR 12

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

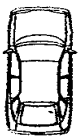
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

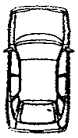
GBJ 4009Z → → →



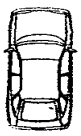
INSRS:
WSP: Garage 13
Tel : Pte Ltd
Liability :
RMKS: 65 6385 1171



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	GBJ 4009Z - CS3/ASM21000594/Gvf3e2; 06/01/2021	Non-Reporting ltr (1st):	
	NA/EQI21000370/r3; 06/01/2021	Non-Reporting ltr (2nd):	
	SHD 6970U - CS/FCI17004625/bXX ; 02/03/2017	Non-Reporting ltr (Final):	
	CS/FCI17009215/M1vbf2 ; 28/04/2017	Notification ltr (if non-pickup):	
	CS3/ASM21000594/Gvf3e2 ; 06/01/2021	Call OI:	
	NS/INC15018413/H1tbn2 ; 29/10/2015	After call ltr to OI:	
	NS/INC17011614/H1tbm2 ; 12/06/2017		
		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 :	☐ ☐
09/05/2022	TP PASS LAWYER. SUBMIT WP. ADMIN TO CLOSE	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: L/S	S$ 5100.00 (8 days) Reduction: $8,874.20 % 64		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost:	S$		
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: WP
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:	