			LKK:
INS. CASE OWNER: **KHOR Saw Theng**	**CC4/ASM22003817/Kga3**	IDAC: **258641**	

ASSIGNMENT

Surveyor: **KSC** DOI: 25/04/2022 Date / Time : **25/04/2022**

Registered in Merimen: _____

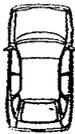**Pre-assign / CCU / FTE**

Insured Vehicle No. : **SHC 1333Y**   Claim No. : **S2M03Z8Y**

Name of Insured : **COMFORT TRANSPORTATION PTE LTD**   Policy No. : **P2465679**

Insured Tel No. : _____ HP: _____   Make / Model : _____

Excess Sec II :S$ _____ D.O.A : **25/04/2022 09:20**   Place of Accident : **MACPHERSON TWDS BENDEMEER**

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**

YQ1838H ⟶ _____ ⟶ _____

INSRS:	INSRS:	INSRS:	INSRS:
WSP: **TSR**	WSP:	WSP:	WSP:
Tel : **AUTOMOTIVE**	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time		STAGE	DATE / PIC
	YQ 1838H - X	Non-Reporting ltr (1st):	
	SHC 1333Y - CC3/AIG10017293/Dn1f2t2; 26/08/2010	Non-Reporting ltr (2nd):	
	CC4/ASM21008052/Ags3q2; 23/07/2021	Non-Reporting ltr (Final):	
	CC6/III20006256/Ubs3q2; 08/06/2020	Notification ltr (if non-pickup):	
	NS/INC11010694/H1bn; 03/06/2011	Call OI:	
	NS/INC18018246/K1sbn2; 08/10/2018	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	☐ ☐
	TPV: ISUZU NPR85U - 2999cc	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: **LS** S$ **5050.00** (**5** days) Reduction: **8076.70** % **62** Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: **18/07/2022** Confirm with: **RYAN** Email ☑ Call ☐

Final Liability:	% **90** (Agreed / Assessed) BOLA S/N No. : **NIL**	If NO or B 28, Ass. Lia :	
Repair Cost: **5050.00**	S$ **4,545.00**		
Loss of Rental (LOR): **400**	S$ **360.00** (**4** days) x **$100.00**	**WKSHP NON ARC - 90%**	
Loss of Use (LOU): **200**	S$ **180.00** ($ **100** x **2** 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: **TP**	
Legal Cost	S$	3) Survey fee: **$350.00**	
Total:	S$ **5,085.00** **Global Sum S$: 5,050.00**		

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

Payee 1:	S$ **5,050.00**	Name 1: **TSR AUTOMOTIVE PTE LTD**
Payee 2: (Strike if N.A.)	S$	Name 2:
Payee 3: (Strike if N.A.)	S$	Name 3: