15/5/2010

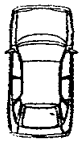
INS. CASE OWNER: ANG Yvonne | CC4/ASM22004174/Kpa3 | LKK: IDAC: 259685

ASSIGNMENT

Surveyor: KENNETH DOI: 09/05/2022 Date / Time : 5.5.22

Registered in Merimen: ——

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 2291C Claim No. : S2M03ZYK

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

Insured Tel No. : HP: Make / Model :

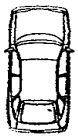
Excess Sec II :S$ D.O.A : 04/05/2022 08:00 Place of Accident :

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

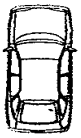
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

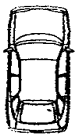
SLF 7177D → → →



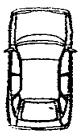
INSRS:
WSP: TSR AUTOMOTIVE PTE LTD
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SLF 7177D - CC4/FWD20002038/Kps3q2 ; 24.1.2020	**STAGE** **DATE / PIC**
	SHC 2291C - CC3/AIG07000675/Vts; 29/08/2007	Non-Reporting ltr (1st):
	CC4/III20013506/Upa3q2; 09/11/2020	Non-Reporting ltr (2nd):
	NS/INC20005101/Ftf3n2; 06/04/2020	Non-Reporting ltr (Final):
	NS/INC21004558/T1vcn2; 06/04/2021	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:
PRELIMINARY ADVICE	Date/Time: Sent By:	Post-Repair Photos:
		Others:

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: P/P	S$ 2,650.00 (3 days) Reduction: 74 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 16/06/2022	Confirm with Ryan	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 2,650.00		
Loss of Rental (LOR):	S$ (days)		
Loss of Use (LOU):	S$ 300.00 ($ 100 x 3 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: $350.00
Total:	**S$** 2,950.00	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ 2,950.00	Name 1:	TSR AUTOMOTIVE PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	