15/5/2010

INS. CASE OWNER: ONG Kian Theng Derick

CC4/ASM22006677/Kpa3

LKK:

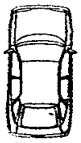
IDAC: 270882

ASSIGNMENT

Surveyor: Kenneth DOI: 14/07/2022 Date / Time : 14/07/2022

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 4528T Claim No. : S2M0469X

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

Insured Tel No. : HP: Make / Model :

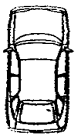
Excess Sec II :S$ D.O.A : 07/07/2022 21:50 Place of Accident : Jalan Bukit Merah, Singapore

Is driver the owner? (YES / NO) Nature of Accident : SLIP ROAD TOWARDS CTE

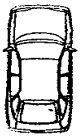
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

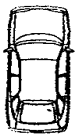
SMN 4948L → → →



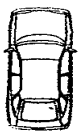
INSRS:
WSP: BODYFIX
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
SMN 4948L - X		Non-Reporting ltr (1st):	
SHA 4528T - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By		Non-Reporting ltr (2nd):	
CC3/AIG08009595/YDn 24/04/2008 SHA 4528T SJC 6895K 22/03/2008 25/04/2008 SCN		Non-Reporting ltr (Final):	
CS/FCI12017371/Rvn 22/10/2012 SFM 376B SHA 4528T 29/08/2012 30/10/2012 CMJ		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$ 5,096.08 (7 days) Reduction: 38 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 10/10/2022 Confirm with Ryan		Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27		If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 5,452.81		
Loss of Rental (LOR):	S$ 560.00 (8 days) x $70.00		
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ ($ x days)		
LOR only ☑ LOU only ☐	LOR + LOU ☐ LOR + LOI ☐ [**Tick only one**]		
GIA/LTA Search	S$ 7.45		
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: $350.00
Total:	**S$** 6,020.26 **Global Sum S$:**		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ 6,020.26	Name 1: BODYFIX	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	