15/5/2010

INS. CASE OWNER: TEO Kitty

CC4/ASM22008936/Kpa3

LKK:

IDAC: 281773

ASSIGNMENT

Surveyor: KENNETH

DOI: 13/09/2022

Date / Time : 12/09/2022

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : SHD 3136G

Claim No. : S2M04AOS

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Policy No. : P2465714

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S$

D.O.A : 05/09/2022 18:30

Place of Accident : 442 Sin Ming Ave, Block 442, Singapore 570442

Is driver the owner? (YES / NO)

Nature of Accident :

If **NO**, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

SLX 8239H

INSRS:	INSRS:	INSRS:	INSRS:
WSP: HUI YANG	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
SLX 8239H - X	
SHD 3136G - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By	
CC3/AIG12010333/H1b1g2q2 19/06/2012 SHD 3136G SKF 1344P 20/05/2012 26/06/2012 CCL	
CS/FCI17023048/Gvbn2 15/04/2019 SGR 5889S SHD 3136G 04/12/2017 15/04/2019 NVT	

STAGE	DATE / PIC
Notification date (OI):	
Confirmation date (OI):	
Accepting date (OI):	
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:		
Post-Repair Photos:		
Others:		

PRELIMINARY ADVICE Date/Time: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: L/SUM S$ 3,200.00 (3 days) Reduction: 65 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 19/04/2023 Confirm with BEL Email ☑ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost: 7%GST	S$ 3,424.00	
Loss of Rental (LOR):	S$ (days)	
Loss of Use (LOU):	S$ 180.00 ($ 60 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: $350.00
Total:	**S$** 3,604.00 **Global Sum S$:**	

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

Payee 1:	S$ 3,604.00	Name 1:	Hui Yang Motor Pte Ltd
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	