15/5/2010

INS. CASE OWNER: ANG Yvonne | CC4/ASM22009448/Upa3 | LKK: IDAC: 284264

ASSIGNMENT

Surveyor: MARCUS DOI: 27/09/2022 Date / Time : 26/09/2022

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : SHC 1328M Claim No. : S2M04B3Y

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

Insured Tel No. : HP: Make / Model : Toyota PRIUS

Excess Sec II :S$ D.O.A : 14/09/2022 13:25 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**

FBN 6714L → → →

INSRS: EROFIA MOTOR TRADING PTE LTD	INSRS:	INSRS:	INSRS:
WSP:	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time		STAGE	DATE / PIC
FBN 6714L - X		Date Reporting ltr (1st):	
SHC 1328M - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By		Non-Reporting ltr (2nd):	
CC3/TMI17022660/K1vbn2 06/12/2017 SHC 1328M PZ 822T 25/11/2017 12/12/2017 CKL		Non-Reporting ltr (Final):	
CS/FCI14010591/Rqm3k3 05/09/2014 SKC 6688E SHC 1328M 01/06/2014 08/09/2014 BPL		Notification ltr (if non-pickup):	
CS/FCI14023829/Kvbd1 09/01/2015 SGB 9589R SHC 1328M 25/11/2014 09/01/2015 CKL		Call OI:	
CS3/FCI19004847/Gcd3s2 01/04/2019 FBN 7472C SHC 1328M 09/03/2019 02/04/2019 LST1		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$ 900.00 (3 days) Reduction: 85 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 09/12/2022 Confirm with Lee Lee Email ☑ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :	
Repair Cost:	S$ 900.00		
Loss of Rental (LOR):	S$ (days)		
Loss of Use (LOU):	S$ 80.00 ($ 20 x 4 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:	$350.00
Total:	**S$** 980.00 **Global Sum S$:**		

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

Payee 1:	S$ 980.00	Name 1:	EROFIA MOTOR TRADING PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	