				LKK:	
INS. CASE OWNER:	KHOR Saw Theng	CC4/ASM22010990/Upa3		IDAC:	289502

ASSIGNMENT

Surveyor: **MARCUS**   DOI: _____   Date / Time : **03/11/2022**

Registered in Merimen: _____

Pre-assign / CCU / FTE

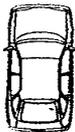|		
Insured Vehicle No. : **SHC 8333B**	Claim No. :	**S2M04CM1**
Name of Insured : **COMFORT TRANSPORTATION PTE LTD**	Policy No. :	**P2465679**
Insured Tel No. : _____ HP: _____	Make / Model :	**Hyundai I40**
Excess Sec II :S$ _____ D.O.A : **09/10/2022 13:10**	Place of Accident :	**Scotts Rd, Singapore**

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**

SND 2075J ⟶ _____ ⟶ _____ _____ ⟶ _____

INSRS:	INSRS:	INSRS:	INSRS:
WSP: **LEE BROTHERS AUTOMOTIVE PTE LTD**	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time		STAGE	DATE / PIC
SND 2075J - X		Non-Reporting ltr (1st):	
SHC 8333B - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By		Non-Reporting ltr (2nd):	
CC3/AIG16004483/H1pa3s2 18/05/2016 SHC 8333B SKP 3691X 04/03/2016 19/05/2016 LVF		Non-Reporting ltr (Final):	
CC3/III17017253/K1eb3q2 17/11/2017 SHD 1055U SHC 8333B 05/09/2017 21/11/2017 LSP		Notification ltr (if non-pickup):	
CC4/III16000384/Fwb3s2 09/05/2016 SGC 9517T SHC 8333B 05/01/2016 10/05/2016 LSP		Call OI:	
NS/INC09022400/Cn 14/10/2009 SHC 8333B SCR 2211P 03/10/2009 14/10/2009 TFC		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: **L/SUM**   S$ **6,800.00** (**4** days) Reduction: **52** %   Email ☐ Call ☐

FINAL SETTLEMENT   Date/Time: **16/03/2023**   Confirm with **XUE TING**   Email ✔ Call ☐

Final Liability:	% **100** (Agreed / Assessed) BOLA S/N No. : **NIL**	If NO or B 28, Ass. Lia :	
Repair Cost: **7% GST**	S$ **7,276.00**		
Loss of Rental (LOR):	S$ ____ (____ days)		
Loss of Use (LOU):	S$ **300.00** ($ **60** x **5** 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: **$350.00**	
Total:	S$ **7,583.45** **Global Sum S$:**		

FINAL PAYMENT   Date/Time: ____   Confirm with: ____   Email ✔ Call ☐

Payee 1:	S$ **7,583.45**	Name 1:	**Lee Brothers Automotive Pte Ltd**
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	