15/5/2010

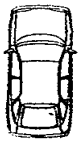
INS. CASE OWNER: HO Winnie | CC4/HSB23001168/pa3 | LKK: IDAC: 301788

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 01.02.2023

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 2694Z | Claim No. : S3M04IP8

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

Insured Tel No. : | HP: | Make / Model : Hyundai Ioniq

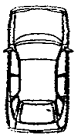
Excess Sec II :S$ | D.O.A : 31/01/2023 14:15 | Place of Accident : Jln Ulu Sembawang, Singapore

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

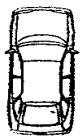
If **NO**, Driver Name / Age : GIAN MENG PIN | OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

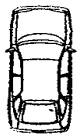
SMD 3865B → _____ → _____ → _____



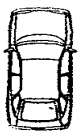
INSRS:
WSP: AUTOMOTIVE REPAIR CENTRE PTE LTD
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
SMD 3865B - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident D... Close Date Created By		**DATE / PIC**
CS/CTI19005169/Asd3q2 13/05/2019 SMD 3865B PZ 1298A 19/03/2019 15/05/2019 LST		Non-Reporting ltr (1st):
NBA/AIG19005066/Y 20/03/2019 LAU CHEE WEE, DAVID (LIU ZHIWEI) SMD 3865B PZ 1298A 19/03/2019 25/03/2019 RBA		Non-Reporting ltr (2nd):
SHC 2694Z - X		Non-Reporting ltr (Final):
		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: L/SUM	S$ 1,350.00 (2 days) Reduction: 81 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 16/05/2023	Confirm with Shu Shan	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost: 8%GST	S$ 1,458.00		
Loss of Rental (LOR): 8%GST	S$ 216.00 (2 days)	X $100	
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ ($ x days)		
LOR only ☑ LOU only ☐	LOR + LOU ☐	LOR + LOI ☐ [**Tick only one**]	
GIA/LTA Search	S$		
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: $350.00
Total:	**S$** 1,674.00	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 1,674.00	Name 1:	Automotive Repair Centre Pte Ltd
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	