15/5/2010

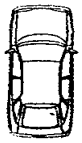
INS. CASE OWNER: RACHEL WU | CC4/FCI20006337/da3 | LKK: IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 16/06/2020

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 8138Z | Claim No. : D20002407MFSH

Name of Insured : COMFORT TRANSPORTATION PTE LTD | Policy No. : D-20094922MFSH

Insured Tel No. : _____ HP: _____ | Make / Model : HYUNDAI I40

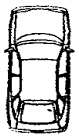
Excess Sec II :S$ _____ D.O.A : 10/06/2020 16:00 | Place of Accident : TAMPINES AVE 10 TWDS TAMPINES AVE 1

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

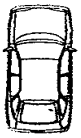
If **NO**, Driver Name / Age : STEPHEN YONG CHOON SENG | OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : +65-81007390 (V/L: YES / NO) | Insured Liability : % **Final ? Yes / No**

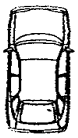
SJS 9709L → SHC 8138Z → SGU 3161E →



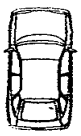
INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS: OI



INSRS: PEOPLE'S
WSP: VEHICLE
Tel : RECOVERY
Liability : SERVICE
RMKS: TP



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SGU 3161E - NA/INC19012509/h4 ; 15.07.2019	
	SHC 8138Z - CA/AIG10017926/r ; 07/09/2010	
	CC3/AXA11009299/H1ec3q2 ; 17/05/2011	
	CC3/AXA12000977/H1ec3f1 ; 10/01/2012	
	CC3/CTI16002708/H1wb3q2 ; 10/02/2016	
	CS/INC08030105/Ccz1 ; 19/10/2008	
	NS/INC11017821/M1vm ; 29/08/2011	
	NS/INC18022006/K1vbe2 ; 05/12/2018	

STAGE	**DATE / PIC**
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
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:		
Post-Repair Photos:		
Others:		

PRELIMINARY ADVICE	Date/Time:	Sent By:	
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost:	S$ (days)	Reduction: %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Call ☐
Final Liability:	% (Agreed / Assessed)	BOLA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost:	S$		
Loss of Rental (LOR):	S$ (days)		
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:
Legal Cost	S$		3) Survey fee:
Total:	**S$**	**Global Sum S$:**	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐

Payee 1:	S$	Name 1:	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	