15/5/2010

INS. CASE OWNER: ANG Richard 6880 5450

CC4/ASM21002267/Kba3

LKK:

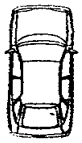
IDAC: 198594

ASSIGNMENT

Surveyor: KENNETH DOI: 23/02/2021 Date / Time : 17/02/2021

Registered in Merimen: ——

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 7925K Claim No. : S1M0332T

Name of Insured : COMFORT TRANSPORTATION PTE LTD Policy No. : P2420438

Insured Tel No. : HP: Make / Model : HYUNDA I40

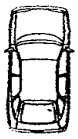
Excess Sec II :S$ D.O.A : 15/02/2021 12:15 Place of Accident : CTE EXIT TO UPP SERANGOON RD

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

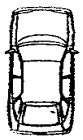
If **NO**, Driver Name / Age : KALIMUTHU SHANMUGAVEL OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

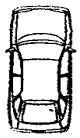
SJT 4181K → → →



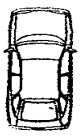
INSRS:
WSP: CHUAN HO AUTO SERVICE
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SJT 4181K - CC3/AIG17012078/Ath3e2 ; 16/06/2017
	CC7/AIG11019835/M1puk2 ; 27/09/2011
	SHA 7925K - CC3/AXA11007328/H1n1dc1 ; 18/04/2011
	CC4/III18005442/Uhb3q2 ; 21/03/2018
	CC4/III19003831/Gpa3q2 ; 28/12/2018
	CC4/III20001348/ps3XX ; 14/01/2020
	CC4/III20008327/Eba3 ; 09/08/2020
	CS/III19011800/Kvd3n2 ; 01/07/2019
	CS/QW12005855/H1y1 ; 21/03/2012
	CS/RSI14011653/Sgbu2 ; 19/06/2014
	CS/SMO19021585/Dsf3n2 ; 05/12/2019
	NA/MSG19013141/h4 ; 24/07/2019
	NBA/INC17021198/Y ; 04/11/2017

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:	