15/5/2010

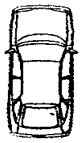
INS. CASE OWNER: ANG Yvonne | CC4/ASM22001256/Aea3 | LKK: IDAC: 248125

ASSIGNMENT

Surveyor: Adrian DOI: _____ Date / Time : 09/02/2022

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 3347U Claim No. : S2M03SSM

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

Insured Tel No. : _____ HP: _____ Make / Model : Hyundai Ae ioniq

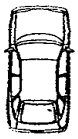
Excess Sec II :S$ _____ D.O.A : 27/01/2022 14:30 Place of Accident : PIE, Singapore

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

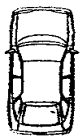
If **NO**, Driver Name / Age : LOW KIA LIAN OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

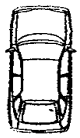
SLV 3901Y → _____ → _____ → _____



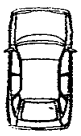
INSRS:
WSP: N-51
Tel : AUTOMOTIVE
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SLV 3901Y - CS/CTI21003230/Evd3n2 ; 06/03/2021
	CS/UOI19002631/Etd3e2 ; 05/02/2019
	NBA/UOI19003924/k4 ; 05/02/2019
	SHC 3347U - CC3/AIG10024748/Da2u2k2 ; 03/12/2010
	CC3/AIG18000025/K1ub3q2 ; 28/12/2017
	CC3/CTI18000126/K1ub3q2 ; 28/12/2017
	CC3/CTI18000553/Dub3q2 ; 05/01/2018
	CS/FCI09023811/Rfg1; 21/10/2009
	CS/FCI17021839/Kvbn2 ; 13/11/2017
	CS/FCI18005774/M1rbe2 ; 20/03/2018
	CS/INC08028400/Ccw ; 04/10/2008
	NA/MSG10014141/w1 ; 16/07/2010
	NS/INC18002860/K1rbn2 ; 09/02/2018
	NS/INC19018342/Fyd3e2 ; 15/10/2019

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:	