15/5/2010

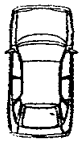
INS. CASE OWNER: KOH Janice | CC4/ASM22002387/ea3 | LKK: IDAC: 253654

ASSIGNMENT

Surveyor: ADRIAN DOI: _____ Date / Time : 15/03/2022

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SH 8352P Claim No. : S2M03VJX

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

Insured Tel No. : _____ HP: _____ Make / Model : TOYOTA AXIO

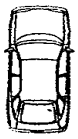
Excess Sec II :S$ _____ D.O.A : 11/03/2022 01:30 Place of Accident : Dunlop St, Singapore

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

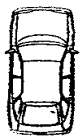
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

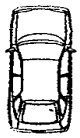
SH 4880H → _____ → _____ → _____



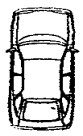
INSRS:
WSP: HUA MENG
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SH 8352P - CC3/AIG16009083/H1ea3q2; 13/05/2016
	CC3/EQI17007114/H1ea3q2; 07/04/2017
	CC4/III17013826/Ukb3s2; 16/07/2017
	CC4/III19008052/Kpa3q2; 04/05/2019
	CC6/III17022965/fa3XX; 30/11/2017
	CS/III10005067/Kbg1; 09/12/2009
	CS/RSI14003232/H1tbu2; 17/02/2014
	NA/FCI22002356/r3 ; 11/03/2022
	NA/INC15000829/r3; 13/01/2015
	NS/INC17023001/K1qbn2; 30/11/2017
	SH 4880H - CC3/AIG10017715/Ka2k2q2 ; 02/09/2010
	CC3/AXA11023408/Kec3q2 ; 01/11/2011
	CC3/MSG18001558/Atbn2 ; 20/01/2018
	CC6/AIG18004055/Amb3q2; 16/02/2018
	CS/FCI17011012/Atbn2; 01/06/2017
	NA/FCI17010766/r3; 01/06/2017
	NA/FCI18001317/z4; 20/01/2018
	NA/FCI18003413/z4; 16/02/2018
	NA/FCI22002356/r3 ; 11/03/2022

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:	