15/5/2010

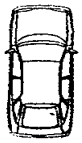
INS. CASE OWNER: ANG Yvonne | CC4/ASM22004230/ga3 | LKK: IDAC: 259558

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 4/5/22

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 2848H | Claim No. : S2M03ZRX

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

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

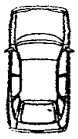
Excess Sec II :S$ _____ D.O.A : 27/04/2022 09:15 | Place of Accident : Tampines Ave 2, Singapore

Is driver the owner? (YES / NO) | Nature of Accident : TAMPINES STREET 32

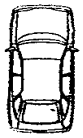
If **NO**, Driver Name / Age : HO TAI KHONG | OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

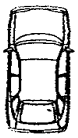
FBS 6445L → SHA 2848H → SLE 4968M →



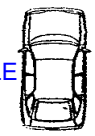
INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS: OI



INSRS:
WSP: KS
Tel : AUTOMOBILE
Liability :
RMKS: TP



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SLE 4968M - NA/UOI19015421/Y ; 30/08/2019
	NBA/UOI22003995/Y; 27/04/2022
	SHA 2848H - CC3/AIG08010043/VDn; 13/03/2008
	CS/FCI09014980/Kbg1; 26/06/2009
	CS/FCI17005703/M1th3n2 ; 16/03/2017
	CS3/FCI14016347/Wgbd1; 21/08/2014
	CS3/FCI15011341/Fgbd1; 03/07/2015
	NA/DAI14016020/Y; 21/08/2014
	NBA/UOI22003995/Y; 27/04/2022

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:	