15/5/2010

INS. CASE OWNER: ONG Kian Theng Derick | CC4/ASM22004231/Apa3 | LKK: IDAC: 259534

ASSIGNMENT

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

Registered in Merimen: ______

Pre-assign / CCU / FTE

Insured Vehicle No. :	SHD 7112Z	Claim No. :	S2M03ZVC
Name of Insured :	COMFORT TRANSPORTATION PTE LTD	Policy No. :	P2465679
Insured Tel No. :	HP:	Make / Model :	Hyundai I40
Excess Sec II :S$	D.O.A : 28/04/2022 17:53	Place of Accident :	Upper Changi Rd E, Singapore
Is driver the owner?	(YES / NO)	Nature of Accident :	

If **NO**, Driver Name / Age : YAP CHWEE THIAM

Driver Tel No. : (V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

SML 892A → ______ → ______ → ______

INSRS: WSP: Sin Yu Sin Tel : Workshop Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time		
	SML 892A - X SHD 7112Z - X	
	*HSBC INSTRUCTION TO SUBMIT WP REPORT	

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: L/SUM	S$ 5,400.00 (8 days)	Reduction: 59 %		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~~ /WP
Disbursement:	S$	(e.g. Tow/ Independent)		2) Report Format: TP
Legal Cost	S$			3) Survey fee: $250.00
Total:	**S$**	**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:		