15/5/2010

INS. CASE OWNER: LOH Cynthia

CC4/ASM22004833/ga3

LKK:

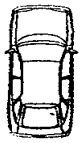
IDAC: 262015

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 23.05.2022

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 6278B

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Insured Tel No. : _____ HP: _____

Excess Sec II :S$ _____ D.O.A : 19/05/2022 17:06

Is driver the owner? (YES / NO)

Claim No. : S2M041QS

Policy No. : P2465679

Make / Model : _____

Place of Accident : PIE TO PAYA LEBAR EXIT

Nature of Accident : _____

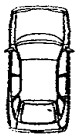
If **NO**, Driver Name / Age :

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

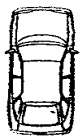
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

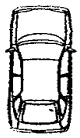
SLC 7093C → _____ → _____ → _____



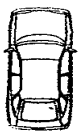
INSRS:
WSP: TEAMWORK
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
SLC 7093C - X	
SHA 6278B -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
	CC3/AIG17023331/K1wb3q2 24/01/2018 SHA 6278B SLM 1964B 07/12/2017 26/01/2018 LSP
	CS/AGI19007268/Dvd3n2 04/07/2019 SHA 6278B SLS 7885A 22/04/2019 04/07/2019 FWL
	CS/FCI12019506/Rvn 26/11/2012 SFV 7476C SHA 6278B 04/10/2012 29/11/2012 CMJ
	CS/FCI15012892/Utbd1 27/08/2015 SJM 1021X SHA 6278B 27/07/2015 27/08/2015 CKL
	CS/FCI18001486/Kvbn2 01/02/2018 SKB 8449X SHA 6278B 21/01/2018 01/02/2018 CKL
	NA/INC13001829/e1 28/01/2013 LIM BOON KENG SGL 8610R SHA 6278B 26/01/2013 30/01/2013 NBS
	NS/INC13002024/H1qu2 08/02/2013 SHA 6278B SGA 3543S 26/01/2013 19/02/2013 SSC

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:	