15/5/2010

INS. CASE OWNER: ONG Kian Theng Derick

CC4/ASM22005564/Kpa3

LKK:

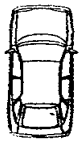
IDAC: 264984

ASSIGNMENT

Surveyor: KENNETH DOI: 09/06/2022 Date / Time : 09/06/2022

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 8871P Claim No. : S2M040C3

Name of Insured : COMFORT TRANSPORTATION PTE LTD Policy No. : P2465714

Insured Tel No. : HP: Make / Model :

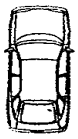
Excess Sec II :S$ D.O.A : 30/04/2022 14:30 Place of Accident : BEDOK NORTH ROAD

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

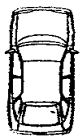
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

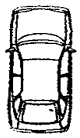
GBG 9296T →



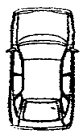
INSRS:
WSP: TONG LUCK
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
GBG 9296T - X	
SHC 8871P -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
	CC3/AIG09028938/Cn1jr1 27/01/2010 SHC 8871P GZ 5801C 26/12/2009 28/01/2010 CRH
	CC3/AIG12022000/H1g2a3y 09/01/2013 SHC 8871P YK 7807P 11/11/2012 11/01/2013 HVK
	CS/SMO22002187/Kqy3q2 29/03/2022 SHC 8871P XE 1187C 07/03/2022 29/03/2022 NNY
	CS3/III15010852/Fy3k3 06/07/2015 SFZ 8732K SHC 8871P 27/06/2015 08/07/2015 KYS
	CS3/III20006910/Etd3e2-1 22/01/2021 SKU 6131A SHC 8871P 30/06/2020 25/01/2021 NVT
	CS3/III20006910/Etf3e2 13/07/2020 SKU 6131A SHC 8871P 30/06/2020 14/07/2020 LST
	NBA/MSG15010803/e1 29/06/2015 KOH KAR HUI SAMUEL SFZ 8732K SHC 8871P 27/06/2015 03/07/2015 NBS
	NS/INC12004628/H1fn 02/04/2012 SHC 8871P SJY 6775H 02/03/2012 03/04/2012 LYT

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:			