15/5/2010

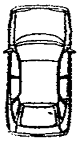
INS. CASE OWNER: LOH Cynthia | CC4/ASM22005582/ea3 | LKK: IDAC: 264966

ASSIGNMENT

Surveyor: ______ DOI: ______ Date / Time : 8/6/2022

Registered in Merimen: ______

Pre-assign / CCU / FTE



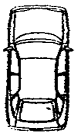
Insured Vehicle No. :	SHA 5963M	Claim No. :	S2M03WYG
Name of Insured :	COMFORT TRANSPORTATION PTE LTD	Policy No. :	P2465679
Insured Tel No. :	HP:	Make / Model :	Hyundai Ae ioniq
Excess Sec II :S$	D.O.A : 26/03/2022 10:40	Place of Accident :	Jurong Island Hwy, Singapore

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

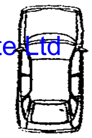
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

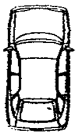
XD 8352B → ______ → ______ → ______



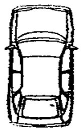
INSRS:
WSP: SembWaste Pte Ltd
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
XD 8352B - X	
SHA 5963M -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
	CC3/AIG17009285/H1pa3q2 05/12/2018 SHA 5963M GBF 3698L 09/05/2017 06/12/2018 HMK
	CC3/CTI19019187/K1ea3q2 09/01/2020 SHA 5963M SGP 5716T 26/10/2019 09/01/2020 LSP
	CC6/III16023854/Azg3q2 02/03/2017 GBA 4511L SHA 5963M 14/10/2016 06/03/2017 LSH1
	CS/III09008923/Ybr1 27/04/2009 SFH 6008B SHA 5963M 23/04/2009 28/04/2009 LPY
	NBA/CTI19020786/Y 25/11/2019 LIM WEE KOK SGP 5716T SHA 5963M 25/11/2019 02/12/2019 RBA
	NS/INC19013808/K1sf3n2 20/08/2019 SHA 5963M SLG 4115Y 05/08/2019 20/08/2019 LST1

STAGE	**DATE / PIC**
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call 28:	
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:	