15/5/2010

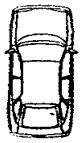
INS. CASE OWNER: HO Winnie | CC4/ASM22005859/ea3 | LKK: IDAC: 266800

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 20/06/2022

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SHB 6286Y | Claim No. : S2M044N3

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

Insured Tel No. : _____ HP: _____ | Make / Model : Toyota Prius

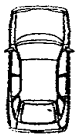
Excess Sec II :S$ _____ D.O.A : 18/06/2022 19:45 | Place of Accident : New Upper Changi Rd, Singapore

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

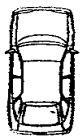
If **NO**, Driver Name / Age : | OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

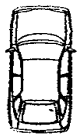
SJG 6320G → _____ → _____ → _____



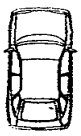
INSRS:
WSP: HUA MENG
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
SJG 6320G - X	
SHB 6286Y -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
	CS/FCI18008383/Urbn2 28/05/2018 SLQ 7707S SHB 6286Y 04/05/2018 28/05/2018 CKL
	CS/TMI22000563/Tqcn2 14/02/2022 SHB 6286Y SLQ 4889U 07/01/2022 14/02/2022 FWL
	CS3/FCI14006754/Pgbd1 15/04/2014 SGG 7293E SHB 6286Y 09/04/2014 16/04/2014 CKL
	CS3/FCI16004961/M1qbc2 21/03/2016 CB 5646H SHB 6286Y 15/03/2016 22/03/2016 CKL
	NS/INC14007520/Sqm3c3 06/05/2014 SHB 6286Y SGE 8569P 21/04/2014 08/05/2014 BPL

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:	