15/5/2010

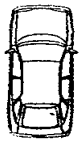
INS. CASE OWNER: LOH Cynthia | CC4/ASM22005928/ea3 | LKK: IDAC: 266850

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 21/06/2022

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 8037G | Claim No. : S2M044L5

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

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

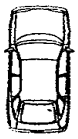
Excess Sec II :S$ _____ D.O.A : 14/06/2022 05:30 | Place of Accident : 9 Toh Yi Dr, Block 9, Singapore 590009

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

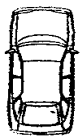
If **NO**, Driver Name / Age : | OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

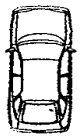
SNE 8640H → _____ → _____ → _____



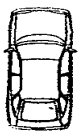
INSRS:
WSP: MOVA
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
SNE 8640H - X	
SHC 8037G - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Reported By	
CC3/LCR17017624/K1wb3q2 28/05/2018 SHC 8037G SLL 1165X 08/09/2017 28/05/2018 LSP	
CS/ASM22004704/Tqy3 19/05/2022 SNC 3336E SHC 8037G 14/05/2022 NMY	
CS/INC08029728/Cce1 07/11/2008 SHC 8037G GU 4294Z 04/10/2008 12/11/2008 FWL	
CS3/FCI15000788/Ggbk3 02/02/2015 SGS 1605R SHC 8037G 10/01/2015 03/02/2015 CKL	
NA/AIG12002304/k 04/02/2012 NG SIEOW CHEN SFU 43U SHC 8037G 03/02/2012 08/02/2012 LYT	
NS/INC18008190/R1rd3e2 07/03/2018 SHC 8037G SLM 6012R 15/02/2018 09/03/2018 NVT	

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:			