15/5/2010

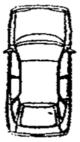
INS. CASE OWNER: ONG Kian Theng Derick | CC4/ASM22006274/Kea3 | LKK: IDAC: 268717

ASSIGNMENT

Surveyor: KENNETH   DOI: ______   Date / Time : 30.06.2022

Registered in Merimen: ______

Pre-assign / CCU / FTE

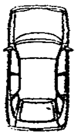


Insured Vehicle No. : SHA 4532E		Claim No. :	S2M045FV
Name of Insured : COMFORT TRANSPORTATION PTE LTD		Policy No. :	P2465679
Insured Tel No. :	HP:	Make / Model :	Hyundai I40
Excess Sec II :S$	D.O.A : 28/06/2022 08:20	Place of Accident :	Wayang Satu (whitley) Flyover, Singapore
Is driver the owner? (YES / NO)	Nature of Accident :		

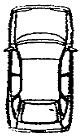
If **NO**, Driver Name / Age : BACHOK BIN ZAINAL   OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

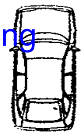
SHA 4532E → SJG 3032H → SHD 6368J → ______



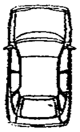
INSRS:
WSP:
Tel :
Liability :
RMKS: OI



INSRS:
WSP: Thiam Heng
Tel : Huat
Liability :
RMKS: TP



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
SJG 3032H - X		**STAGE** **DATE / PIC**
SHA 4532E -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By	Non-Reporting ltr (1st)
	NA/INC11010307/w1 31/05/2011 BHAMAH RAMDAS SJS 8318M SHA 4532E 30/05/2011 08/06/2011 LCH	Non-Reporting ltr (Final)
	NA/INC13005437/r3 21/03/2013 KANG LEONG SENG GZ 9080P SHA 4532E 20/03/2013 25/03/2013 RBW	Notification ltr (if non-pickup):
	NS/INC17008096/H1qh3n2 09/05/2017 SHA 4532E SGU 3186J 22/04/2017 09/05/2017 CCY	Call OI:
	NS/INC20008958/T1qf3s2 03/09/2020 SHA 4532E YQ 841D 23/08/2020 04/09/2020 LST1	
		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: ☐
PRELIMINARY ADVICE	Date/Time: Sent By:	Post-Repair Photos: ☐ ☐
		Others: ☐ ☐

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:	