15/5/2010

INS. CASE OWNER: TEO Kitty

CC4/ASM22006469/Apa3

LKK:

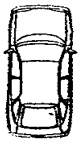
IDAC: 269699

ASSIGNMENT

Surveyor: ADRIAN DOI: Date / Time : 06/07/2022

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SHD 7135H Claim No. : S2M04611

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

Insured Tel No. : HP: Make / Model :

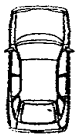
Excess Sec II :S$ D.O.A : 05/07/2022 14:15 Place of Accident : 11 Jln Tan Tock Seng, Singapore 308433

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

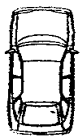
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

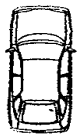
SJJ 6656Y →



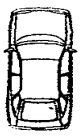
INSRS:
WSP: MG SOLUTION
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
SJJ 6656Y -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By CC6/CTI22000219/Aps3q2 23/05/2022 SJJ 6656Y YN 2848M 05/01/2022 LSL1 CS/AIG10011476/T1bg1 07/07/2010 SCU 4186C SJJ 6656Y 12/02/2010 09/07/2010 MYC
SHD 7135H -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By CC3/CTI17001254/H1eg3n2 01/03/2017 SHD 7135H GY 4905Z 17/01/2017 01/03/2017 SHH1 CC3/CTI18005286/R1ea3q2 20/04/2018 SHD 7135H SJQ 6731B 17/03/2018 20/04/2018 HMF CC4/ASM18014470/K1ea3q2 20/11/2018 SHD 7135H SDH 6887D 06/08/2018 20/11/2018 HMK CS/TMI19016806/K1sf3n2 04/10/2019 SHD 7135H SLT 7508J 22/09/2019 07/10/2019 LST

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