15/5/2010

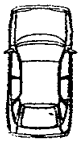
INS. CASE OWNER: OH Vale | CC4/ASM22006510/Aga3 | LKK: IDAC: 270080

ASSIGNMENT

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

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SHD 3207K Claim No. : S2M0466J

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

Insured Tel No. : HP: Make / Model :

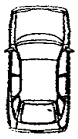
Excess Sec II :S$ D.O.A : 07/07/2022 09:30 Place of Accident : BKW(Woodlands) Before Dairy Farm Road Exit

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

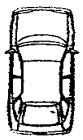
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

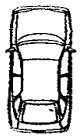
YQ 6773C → → →



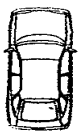
INSRS:
WSP: HD PERFECT AUTOWORK PTE LTD
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
YQ 6773C - X	
SHD 3207K -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
	CC4/LPC17023912/M1wb3q2 08/10/2018 SHD 3207K SGA 473E 14/12/2017 09/10/2018 LSR
	CS/FCI15017100/M1gbd1 28/10/2015 GQ 7413Z SHD 3207K 01/10/2015 03/11/2015 CCY
	CS/FCI17002239/Uvh3n2 13/03/2017 SJT 3758D SHD 3207K 03/02/2017 14/03/2017 CCY
	CS/FCI17024171/Uqd3n2 11/04/2018 SGA 473E SHD 3207K 14/12/2017 11/04/2018 NVT
	CS/FCI18003513/R1rd3n2 09/03/2018 SLP 9267L SHD 3207K 09/02/2018 09/03/2018 NVT
	NA/LPC17024071/r3 19/12/2017 LEE BIAW KOK SGA 473E SHD 3207K 14/12/2017 20/12/2017 RBW
	NBA/RSI14021607/e1 18/11/2014 LI MING KONG SGT 7461T SHD 3207K 14/11/2014 25/11/2014 NBS

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:	