15/5/2010

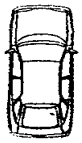
INS. CASE OWNER: LOW Garnet | CC4/ASM22006914/ea3 | LKK: IDAC: 272180

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 20/07/2022

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SH 9044Y | Claim No. : S2M0475G

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

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

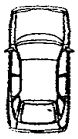
Excess Sec II :S$ _____ D.O.A : 19/07/2022 19:35 | Place of Accident : Somerset Rd, Singapore

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

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

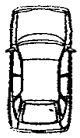
Driver Tel No. : (V/L: YES / NO) | Insured Liability : % **Final ? Yes / No**

SKL 4270S → _____ → _____ → _____

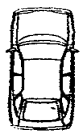


INSRS:
WSP: Thiam Heng Huat Pte Ltd
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
SKL 4270S -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By CS/MSG1701907/Atbn2 28/11/2017 SGB 1171P SKL 4270S 19/09/2017 28/11/2017 CKL CS/MSG18015122/Ctd3c2 16/08/2019 SKL 4270S 19/09/2017 16/08/2019 NVT
SH 9044Y -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By CC4/AXA10020897/Dq1fq2 18/04/2011 SH 9044Y SFM 6816J 15/10/2010 19/04/2011 LPY CC4/III17011000/Dkb3q2 08/01/2018 SLJ 6591B SH 9044Y 02/06/2017 08/01/2018 LSP CC6/AXA10020388/Dq1f2n 16/12/2010 SH 9044Y SJQ 2796R 09/10/2010 20/12/2010 KWS CS/LAW12005893/T1fn 03/05/2012 SGT 4480H SH 9044Y 01/04/2010 04/05/2012 LPY CS3/III17005385/T1wa3s2 08/04/2019 YP 3863B SH 9044Y 14/03/2017 09/04/2019 HMK NA/AIG17010813/h4 05/06/2017 TAN EE-FEN, YVONNE SLJ 6591B SH 9044Y 02/06/2017 16/06/2017 LSH NA/MSG10002836/c2 10/02/2010 JAMES NG YEOW TIONG SFK 2809S SH 9044Y 10/02/2010 12/02/2010 SW

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:	