15/5/2010

INS. CASE OWNER: TEO Kitty

CC4/ASM22007209/Kea3

LKK:

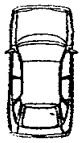
IDAC: 273919

ASSIGNMENT

Surveyor: KENNETH DOI: 28/07/2022 Date / Time : 28/07/2022

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 1008L Claim No. : S2M047LK

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

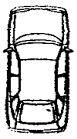
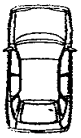
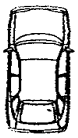
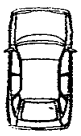
Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 26/07/2022 14:00 Place of Accident : FARRER PARK

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**

SHC 1008L →	SKV 4940P →	SNG 5050U →	
			
INSRS:	INSRS:	INSRS:	INSRS:
WSP:	WSP: AUTOWORX	WSP:	WSP:
Tel :	Tel : HOUSE	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS: OI	RMKS: TP	RMKS:	RMKS:

Date/ Time

SKV 4940P - X

SHC 1008L - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By

~~CB/AIG09015840/wz1 16/07/2009 SHC 1008L SFJ 186Z 09/01/2006 18/07/2009 TMS~~

~~CS/FCI16005782/M1vbc2 05/05/2016 SHC 1008L SHA 617X 26/03/2016 09/05/2016 CKL~~

~~CS/FCI18008867/Kqd3n2 13/08/2018 PA 9146J SHC 1008L 10/05/2018 13/08/2018 NVT~~

~~CS/INC09018277/Ch 28/09/2009 SHC 1008L SDB 1737T 15/08/2009 29/09/2009 CPH~~

~~NS/INC2200212?/Vvcn2 21/03/2022 SHC 1008L SGV 7910D 15/02/2022 21/03/2022 FWL~~

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:	