15/5/2010

INS. CASE OWNER: LOW Garnet

CC4/ASM22007327/Uea3

LKK:

IDAC: 274771

ASSIGNMENT

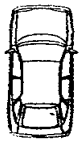
Surveyor: MARCUS

DOI: 02/08/2022

Date / Time : 02/08/2022

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SHD 6828Z

Claim No. : S2M047ZG

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Policy No. : P2465714

Insured Tel No. : HP:

Make / Model : Toyota PRIUS

Excess Sec II :S$ D.O.A : 01/08/2022 09:30

Place of Accident : Admiralty Rd W, Singapore

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

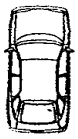
If **NO**, Driver Name / Age : LEE PHENG TAH

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

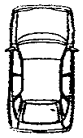
Driver Tel No. : (V/L: YES / NO)

Insured Liability : % **Final ? Yes / No**

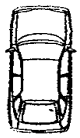
GBG 1720M → → →



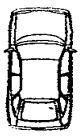
INSRS:
WSP: FASTECH
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
GBG 1720M - X	
SHD 6828Z -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
	~~CS/FCI18013087/R1td3n2 13/08/2018 SLM 3251L SHD 6828Z 14/07/2018 14/08/2018 NVT~~
	~~CS3/ASM22001464/y3 15/02/2022 GBF 6379M SHD 6828Z 15/01/2022 NMY~~
	NS/INC17024550/K1vbn2 05/01/2018 SHD 6828Z SLR 6954X 26/12/2017 06/01/2018 CKL

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:	