15/5/2010

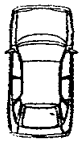
INS. CASE OWNER: TEO Kitty | CC4/ASM22007397/Uga3 | LKK: IDAC: 275097

ASSIGNMENT

Surveyor: MARCUS DOI: Date / Time : 03/08/2022

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 4353E Claim No. : S2M047XJ

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

Insured Tel No. : HP: Make / Model :

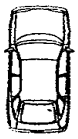
Excess Sec II :S$ D.O.A : 29/07/2022 14:15 Place of Accident : PIE TOWARDS TUAS

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

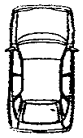
If **NO**, Driver Name / Age : QUEK NIAN TZE JAMES OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

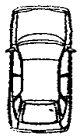
SMX 7053X → → →



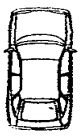
INSRS:
WSP: FC Garage
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

SMX 7053X - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
CS3/CTI22007341/Ecy3 02/08/2022 SNE 7723J SMX 7053X 29/07/2022 NMY

SHA 4353E - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
CC3/AIC11000403/Dbq 26/01/2011 SHA 4353E GV 1489T 31/12/2010 07/02/2011 CYY
CC3/AXA13007597/H1rb3c3 05/02/2014 SHA 4353E SKG 6768L 20/04/2013 11/02/2014 TJF
CC3/III20000056/Kps3s2 16/04/2020 SHC 5055Z SHA 4353E 24/12/2019 17/04/2020 LSL1
CC3/LCR18013606/Gjb3s2 18/03/2019 SHA 4353E SLP 5645E 23/07/2018 18/03/2019 CSP
NS/INC21005088/T1tcn2 17/06/2021 SHA 4353E SJU 6138T 20/04/2021 17/06/2021 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:	