15/5/2010

INS. CASE OWNER:

CC4/ASM22007519/pa3

LKK:

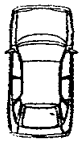
IDAC: 275700

## ASSIGNMENT

Surveyor: KENNETH DOI: _____ Date / Time : 08/08/2022

Registered in Merimen: _____

**Pre-assign / CCU / FTE**



Insured Vehicle No. : SHA 2545G Claim No. : S2M048AY

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

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

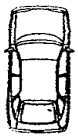
**Excess Sec II :S$** _____ D.O.A : 07.08.2022 Place of Accident : _____

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

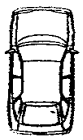
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

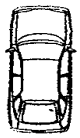
SJB 3866U → _____ → _____ → _____



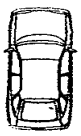
INSRS:
WSP: A T Auto Consultant
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

| Date/ Time | |
|---|---|
| SJB 3866U - X | |
| SHA 2545G - | Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By |
| | ~~CC3/AIG14011383/H1kb3w2 27/08/2014 SHA 2545G SKE 6612M 17/06/2014 04/09/2014 LSL1~~ |
| | ~~CC3/III16015843/K1yb3s2 19/07/2017 SHB 5807B SHA 2545G 19/08/2016 20/07/2017 LSP~~ |
| | CC3/III18020765/Kpb3q2 20/06/2019 SHC 5793B SHA 2545G 14/11/2018 20/06/2019 LSP |
| | CC4/III18016357/Nhb3q2 08/11/2018 PA 8671R SHA 2545G 04/09/2018 09/11/2018 LSP |
| | ~~CC4/LPC18007231/K1ea3n2 16/08/2018 SHA 2545G SJF 7041K 16/04/2018 18/08/2018 HMK~~ |
| | NBA/MSG16007455/Y 22/04/2016 KOH CHEE TAT FBA 3376S SHA 2545G 19/04/2016 29/04/2016 RBA |

| **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: | |