15/5/2010

INS. CASE OWNER:

CC4/ASM22007519/pa3

LKK:

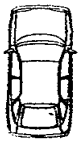
IDAC: 275700

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 : _____

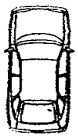
Excess Sec II :S$ _____ D.O.A : 07.08.2022 Place of Accident : _____

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

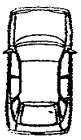
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

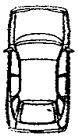
SJB 3866U → _____ → _____ → _____



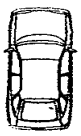
INSRS:
WSP: A T Auto Consultant
Tel :
Liability :
RMKS:



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: L/SUM	S$ 3,100.00 (5 days)	Reduction: 67 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 31/07/2023	Confirm with ALAN	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 3,100.00		
Loss of Rental (LOR):	S$ 600.00 (6 days)	X $100	
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ ($ x days)		
LOR only ☑ LOU only ☐	LOR + LOU ☐	LOR + LOI ☐ [**Tick only one**]	
GIA/LTA Search	S$ 7.45		
Medical:	S$		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ 80.00	(e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$		3) Survey fee: $350.00
Total:	**S$** 3,787.45	**Global Sum S$:**	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ 3,787.45	Name 1: A T Auto Consultant	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	