15/5/2010

INS. CASE OWNER:

CC4/ASM22008236/Apa3

LKK:

IDAC: 278073

ASSIGNMENT

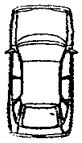
Surveyor: ADRIAN

DOI: 22/08/2022

Date / Time : 22/08/2022

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SHD 7288A

Claim No. : S2M049DK

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Policy No. : P2465679

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S$

D.O.A : 19/08/2022 17:45

Place of Accident : AFTER JURONG TOWN HALL

Is driver the owner? (YES / NO)

Nature of Accident :

If **NO**, Driver Name / Age : MENIVELU S/O RAMASAMY

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

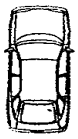
Driver Tel No. :

(V/L: YES / NO)

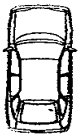
Insured Liability : %

Final ? Yes / No

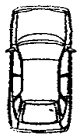
SLA 4085G → → →



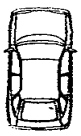
INSRS:
WSP: ADVANCE AUTO GARAGE
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
SLA 4085G -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
	CS/CTI22008079/Tvy3 23/08/2022 SLU 1769G SLA 4085G 19/08/2022 RAP
	NM/CTI22008040/Ar3 22/08/2022 LEE MING YANG SLA 4085G SHD 7288A 19/08/2022 RBW
SHD 7288A -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
	NM/CTI22008040/Ar3 22/08/2022 LEE MING YANG SLA 4085G SHD 7288A 19/08/2022 RBW
	NS/INC19014633/K1vf3n2 28/08/2019 SHD 7288A SML 7075X 18/08/2019 28/08/2019 LST1

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:	