15/5/2010

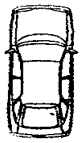
INS. CASE OWNER: KHOR Saw Theng | CC4/ASM22008360/Rpa3 | LKK: IDAC: 279239

ASSIGNMENT

Surveyor: RASUL DOI: 30/08/2022 Date / Time : 26/08/2022

Registered in Merimen: ——

Pre-assign / CCU / FTE



Insured Vehicle No. : SH 7039B Claim No. : S2M049O3

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

Insured Tel No. : HP: Make / Model :

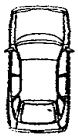
Excess Sec II :S$ D.O.A : 23/08/2022 18:10 Place of Accident : Toh Guan Rd, Singapore

Is driver the owner? (YES / NO) Nature of Accident : BEFORE JURONG CATEWAY RD JUNCTION

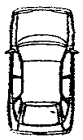
If **NO**, Driver Name / Age : KOH KAH TIAN OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

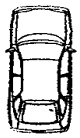
PC 5082A → → →



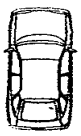
INSRS:
WSP: William's Auto Pte Ltd
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

PC 5082A - X

SH 7039B - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Creator

~~CC3/AIG08005875/CDn 01/11/2008 SH 7039B SFZ 2293A 30/12/2007 05/11/2008 HYN~~

~~CC3/AXA12015664/H1ec3q2 11/10/2012 SH 7039B SJF 8079X 09/08/2012 12/10/2012 TLF~~

~~CS/FCI16009011/H1vbd1 13/06/2016 SH 7039B 14/05/2016 14/06/2016 CKL~~

~~CS/FCI18006575/Kvd3n2 28/05/2018 SLV 658U SH 7039B 17/03/2018 28/05/2018 NVT~~

CS/TMI13010250/H1vu2 24/06/2013 SH 7039B GBB 5976S 05/06/2013 25/06/2013 CMJ

*SUBMIT WP TO HSBC AS PER INSTRUCTION.

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$ 5,100.00 (7 days) Reduction: 71 % 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~~ /WP
Disbursement:	S$	(e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$		3) Survey fee: $250.00
Total:	**S$**	**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:	