15/5/2010

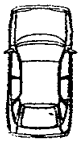
INS. CASE OWNER: ANG Yvonne | CC4/ASM22008373/pa3 | LKK: IDAC: 279344

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 29/08/20202

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 1351U | Claim No. : S2M049TN

Name of Insured : COMFORT TRANSPORTATION PTE LTD | Policy No. : P2465714

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

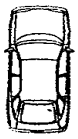
Excess Sec II :S$ _____ D.O.A : 25/08/2022 23:40 | Place of Accident : 729 Jurong West Ave 5, Singapore

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

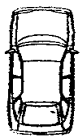
If **NO**, Driver Name / Age : YEO GEK SOON JOSEPH | OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

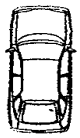
SLJ 448Y → _____ → _____ → _____



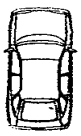
INSRS:
WSP: Teamwork Garage Pte Ltd
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

SLJ 448Y - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
CC4/EQI18012269/Vwb3q2 27/12/2018 SMB 8033M SLJ 448Y 27/06/2018 31/12/2018 LSP
NA/EQI18011764/z4 27/06/2018 LIEW NAM KWONG SLJ 448Y SMB 8033M 27/06/2018 02/07/2018 HZT

SHC 1351U - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
CC3/AIG12017283/H1a2g2p1 26/09/2012 SHC 1351U SBP 3883R 01/09/2012 28/09/2012 CCL
NA/INC09001438/r 19/01/2009 SIM CHEE KIONG SDD 613M SHC 1351U 18/01/2009 21/01/2009 LWS
NS/INC12003099/H1fr2 28/06/2012 SHC 1351U SGA 8398L 11/02/2012 02/07/2012 LPY
NS/INC17023095/K1tbn2 22/12/2017 SHC 1351U SJP 319D 03/12/2017 26/12/2017 CKL

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:		