15/5/2010

INS. CASE OWNER: CC4/ASM22008458/Kpa3

LKK:

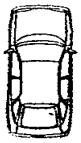
IDAC: 279310

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 29/08/2022

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SHD 3222R Claim No. : S2M049TF

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

Insured Tel No. : _____ HP: _____ Make / Model : Hyundai Ae ioniq

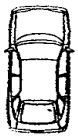
Excess Sec II :S$ _____ D.O.A : 26/08/2022 13:45 Place of Accident : AYE, BEFORE ALEXANDRA EXIT

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

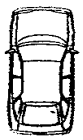
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

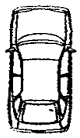
SMP 72D → _____ → _____ → _____



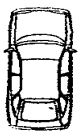
INSRS:
WSP: A T Auto Consultant
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
SMP 72D - X	
SHD 3222R - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By	
NBA/INC21002332/Y 18/02/2021 TAN TAI SENG (CHEN DACHENG) FBD 1002T SHD 3222R 26/12/2020 01/03/2021 RBA	
NS/INC13003422/H1y1d1 27/02/2013 SHD 3222R SGZ 7331D 19/02/2013 04/03/2013 YCC	
NS/INC20014657/T1td3q2 19/01/2021 SHD 3222R FBD 1002T 26/12/2020 22/01/2021 FWL	

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$ 5,150.00 (5 days) Reduction: 73 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 27/04/2023 Confirm with ALAN Email ☑ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 0
Repair Cost:	S$ 5,150.00	
Loss of Rental (LOR):	S$ 1,020.00 (6 days) X $170	
Loss of Use (LOU):	S$ ($ 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$ (e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$	3) Survey fee: $350.00
Total:	**S$** 6,177.45 **Global Sum S$:**	

FINAL PAYMENT Date/Time: Confirm with: Email ☑ Call ☐

Payee 1:	S$ 6,177.45	Name 1:	A T AUTO CONSULTANT
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	