15/5/2010

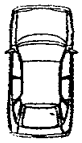
INS. CASE OWNER: ANG Yvonne | CC4/ASM22008484/Kea3 | LKK: IDAC: 280032

ASSIGNMENT

Surveyor: KENNETH DOI: 02.09.2022 Date / Time : 31.08.2022

Registered in Merimen: ——

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 7209U Claim No. : S2M04A34

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

Insured Tel No. : HP: Make / Model :

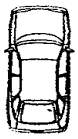
Excess Sec II :S$ D.O.A : 29.08.2022 11:46 Place of Accident :

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

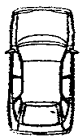
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

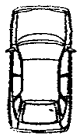
GBL 2970A → → →



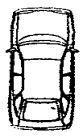
INSRS:
WSP: GUAN MOTOR
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
GBL 2970A - x	
SHA 7209U -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident D[illegible] Closing Date Created By
	CA/AIG10021897/s2 01/11/2010 YAP TUCK YIN SJY 6905A SHA 7209U 30/[illegible]0/2010 03/11/2010 SLK
	CC3/AIG07001880/Yts 09/11/2007 SHA 7209U GR 211E 08/10/2007 09/11/2007 SGN
	CS/ASM22008484/Kvy3 31/08/2022 GBL 2970A SHA 7209U 29/08/2022 RAP
	CS/FCI13021490/T1qm3d1 02/01/2014 XD 6596C SHA 7209U 10/11/2013 08/01/2014 BPL
	CS/FCI21000365/Ktd3e2 28/06/2021 SFY 3253P SHA 7209U 27/12/2020 29/06/2021 NVT
	CS/MSG20004672/Dvf3e2 01/09/2020 SHA 7209U SGB 2525X 25/03/2020 [illegible]/09/2020 LST1
	NA/INC10005093/s1 15/03/2010 CHEW KEE SOON SFZ 7416E SHA 7209U [illegible]/03/2010 SLP
	NS/INC10023300/Fn 18/02/2011 SHA 7209U SFY 2984U 15/11/2010 21/02/2011 HYN
	NS/INC18022463/K1vbn2 26/12/2018 SHA 7209U PC 1427R 12/12/2018 26/12/2018 CKL

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:		