15/5/2010

INS. CASE OWNER: LOH Cynthia | CC4/ASM22008511/Apa3 | LKK: IDAC: 279964

ASSIGNMENT

Surveyor: ADRIAN DOI: 31/08/2022 Date / Time : 30.08.2022

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : SHC 2646M Claim No. : S2M049Y4

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

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 28/08/2022 11:00 Place of Accident : Jurong Town Hall Rd, Singapore

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**

SCN 5277B → → →

INSRS: AUTO UNITED	INSRS:	INSRS:	INSRS:
WSP:	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time

SCN 5277B - X

SHC 2646M - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By

CC3/AIG15008949/H1na3q2 27/07/2015 SHC 2646M SJV 6591L 28/05/2015 30/07/2015 HYN

CS/FCI15009428/Rty3d1 25/06/2015 SGH 9571J SHC 2646M 28/05/2015 29/06/2015 KYS

CS/MSG13022026/Yqm3k3 02/12/2013 SHC 2646M SFG 2461G 20/11/2013 06/12/2013 BPL

NJA/INC08018153/T1y1 23/06/2008 CHIN CHEE LEONG GZ 7107K SHC 2646M 23/06/2008 23/07/2008 TKC

STAGE	DATE / PIC
Date 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:	