15/5/2010

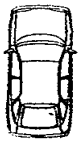
INS. CASE OWNER: HO Winnie | CC4/ASM22008555/ea3 | LKK: IDAC: 280231

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 01.09.2022

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 8512B | Claim No. : S2M04A59

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

Insured Tel No. : _____ HP: _____ | Make / Model : Hyundai I40

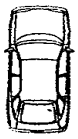
Excess Sec II :S$ _____ D.O.A : 30/08/2022 23:50 | Place of Accident : Springside Walk, Singapore

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

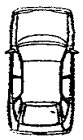
If **NO**, Driver Name / Age : FU SAY MENG | OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

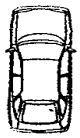
SNC 6170X → _____ → _____ → _____



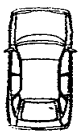
INSRS:
WSP: TEAMWORK GARAGE PTE LTD
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
SNC 6170X - X	
SHC 8512B -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Operating By CC3/AXA13017782/Yem3w2 15/11/2013 SHC 8512B SKB 7987R 18/09/2013 19/11/2013 BPL CS/INC09017322/Ch 25/08/2009 SHC 8512B SJS 1399A 01/08/2009 25/08/2009 CPH CS/RSI12024411/H1cd1 03/01/2013 SHC 8512B SJG 1369A 18/12/2012 07/01/2013 TKC1 CS3/III11025182/Kfm 09/12/2011 FS 4973U SHC 8512B 27/11/2011 15/12/2011 LPY NS/INC18015824/K1qd3n2 05/09/2018 SHC 8512B SJZ 7050D 26/08/2018 10/09/2018 YMT

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:		