15/5/2010

INS. CASE OWNER: OH Vale

CC4/ASM22008984/ea3

LKK:

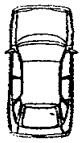
IDAC: 281902

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 13.09.2022

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SHD 7136E Claim No. : S2M04AUZ

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

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

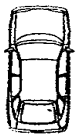
Excess Sec II :S$ _____ D.O.A : 12/09/2022 13:30 Place of Accident : Eunos Rd 5, Singapore

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

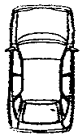
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

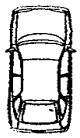
SGM 1800A → _____ → _____ → _____



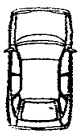
INSRS:
WSP: N-51
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
SGM 1800A - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By		**DATE / PIC**
CC3/AIG17022747/Atbn2 12/10/2018 SGM 1800A 28/11/2017 12/10/2018 CKL		Non-Reporting ltr (1st):
CC3/AIG22002704/Avc 24/03/2022 SGM 1800A 17/03/2022 FWL		Non-Reporting ltr (2nd):
CC4/AIG17022666/Aua3q2 13/08/2018 EX 81E SGM 1800A 28/11/2017 14/08/2018 HMK		Non-Reporting ltr (Final):
CC6/AIG11007369/Ga2a3k2 02/11/2011 SFD 7593S SGM 1800A 15/02/2011 04/11/2011 HMK		Notification ltr (if non-pickup):
SHD 7136E - X		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:
PRELIMINARY ADVICE	Date/Time: Sent By:	Post-Repair Photos:
		Others:

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:	