15/5/2010

INS. CASE OWNER: OH Vale

CC4/ASM22009039/Kea3

LKK:

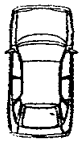
IDAC: 281995

ASSIGNMENT

Surveyor: KENNETH DOI: Date / Time : 14.09.2022

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SHD 4872H Claim No. : S2M04AL3

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

Insured Tel No. : HP: Make / Model :

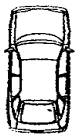
Excess Sec II :S$ D.O.A : 07/09/2022 11:05 Place of Accident : Bedok Reservoir Rd, Singapore

Is driver the owner? (YES / NO) Nature of Accident : TOWARDS BLOCK 704

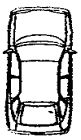
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

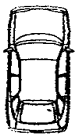
GBH 5249B → → →



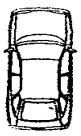
INSRS:
WSP: TONG LUCK
Tel : AUTO P/L
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
GBH 5249B - X		**STAGE** **DATE / PIC**
SHD 4872H - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By		Non-Reporting ltr (1st):
CC4/AXA15017313/M1wv3q2 22/03/2016 SHD 4872H SJL 9469R 09/10/2015 23/03/2016 LVE		Non-Reporting ltr (2nd):
CC6/III16016644/Dza3q2 24/10/2016 SJZ 252J SHD 4872H 31/08/2016 25/10/2016 HMK		Non-Reporting ltr (Final):
CS/III14013540/H1tbk3 01/08/2014 SHD 4872H SHA 1262D 10/07/2014 05/08/2014 CKL		Notification ltr (if non-pickup):
NA/MSG16016421/r3 01/09/2016 TANG HIAP JOO SJZ 252J SHD 4872H 31/08/2016 07/09/2016 RBW		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:	