15/5/2010

INS. CASE OWNER: OH Vale

CC4/ASM22009082/pa3

LKK:

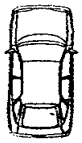
IDAC: 281454

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 09/09/2022

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SH 9149D — Claim No. : S2M04APB

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

Insured Tel No. : _____ HP: _____ — Make / Model : _____

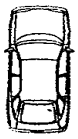
Excess Sec II :S$ _____ D.O.A : 08/09/2022 23:20 — Place of Accident : Thomson Rd, Singapore

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

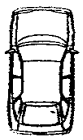
If **NO**, Driver Name / Age : — OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

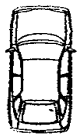
SDD 228S → _____ → _____ → _____



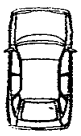
INSRS:
WSP: SM AUTOMOTIVE
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
SDD 228S - X	
SH 9149D -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Case Date Created By
	CC3/AIG11002038/H1a2r1k2 09/12/2011 SH 9149D SGJ 130Y 26/01/2011 13/12/2011 KWS
	CC3/AIG13024141/Ysa3w2 17/01/2014 SH 9149D SKC 7778Y 18/12/2013 20/01/2014 HMK
	CS/FCI16019820/Uth3m2 19/10/2016 SKA 7181D SH 9149D 15/10/2016 27/10/2016 CCY
	NA/INC08019585/r 08/07/2008 GOH LENG BOO CB 6362U SH 9149D 08/07/2008 10/07/2008 LSR
	NA/INC17019935/r3 17/10/2017 MOHAMMAD TAUFIK BIN NAINI SJC 551S SH 9149D 25/09/2017 21/10/2017 RBW
	NJA/INC09000115/y1 02/01/2009 LOW KOOI HWA SBT 9480J SH 9149D 30/12/2008 05/01/2009 YCC

STAGE	DATE / PIC
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:		