15/5/2010

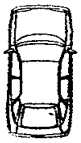
INS. CASE OWNER: HO Winnie | CC4/ASM22009108/Apa3 | LKK: IDAC: 282345

ASSIGNMENT

Surveyor: ADRIAN DOI: _____ Date / Time : 15/09/2022

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 7800L Claim No. : S2M04AZG

Name of Insured : COMFORT TRANSPORTATION PTE LTD Policy No. : P2465714

Insured Tel No. : _____ HP: _____ Make / Model : Nissan CWB45CLPHNB

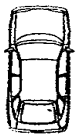
Excess Sec II :S$ _____ D.O.A : 14/09/2022 01:45 Place of Accident : Queensway, Singapore

Is driver the owner? (YES / NO) Nature of Accident : TOWARDS TANGLIN HALT

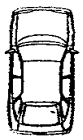
If **NO**, Driver Name / Age : ONG BOON LEONG OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

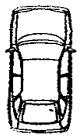
XD 1178J → _____ → _____ → _____



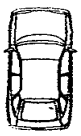
INSRS: N-51 AUTOMOTIVE PTE LTD
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
XD 1178J -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By NA/INC08021685/r 02/08/2008 LAW TZE HAU SGW 6016L XD 1178J 02/08/2008 06/08/2008 LWS NBA/LIP20013049/Y 26/11/2020 DANETTE YONG JIE MING SJZ 1080G XD 1178J 25/11/2020 01/12/2020 RBA
SHA 7800L -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By CC2/MIDA10004564/a 08/03/2010 SHA 7800L MID 45560 04/03/2010 27/08/2012 TCE CS/FCI11013697/Kfk3 04/10/2011 SFU 2864D SHA 7800L 10/07/2011 04/10/2011 LPY CS/FCI14016641/Rvm3w2 01/10/2014 SKH 8659A SHA 7800L 28/08/2014 02/10/2014 BPL

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:	