15/5/2010

INS. CASE OWNER: ANG Yvonne | CC4/ASM22009181/Aea3 | LKK: IDAC: 283092

ASSIGNMENT

Surveyor: ADRIAN DOI: ______ Date / Time : 19.09.2022

Registered in Merimen: ______

Pre-assign / CCU / FTE

Insured Vehicle No. : SHD 7244B Claim No. : S2M04B29

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

Insured Tel No. : ______ HP: ______ Make / Model : ______

Excess Sec II :S$ ______ D.O.A : 14/09/2022 08:20 Place of Accident : TPE TOWARDS AIRPORT BEFORE PIE

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

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

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

SFQ 2232Z → ______ → ______ → ______

INSRS: WSP: Advance Auto Tel : Garage Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time		
SFQ 2232Z -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By	STAGE / DATE / PIC
	NA/CTI22009080/r3 15/09/2022 TOH ENG GUAN SFQ 2232Z SHD 7244B 14/09/2022 RBW	Non-Reporting ltr (1st):
SHD 7244B -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By	Non-Reporting ltr (2nd):
	CC4/III19002353/Agb3q2 25/10/2019 SLM 9099X SHD 7244B 29/07/2019 25/10/2019 LSP	Non-Reporting ltr (Final):
	NA/CTI22009080/r3 15/09/2022 TOH ENG GUAN SFQ 2232Z SHD 7244B 14/09/2022 RBW	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:	