15/5/2010

INS. CASE OWNER: ANG Yvonne

CC4/ASM22009181/Apa3

LKK:

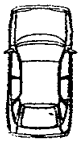
IDAC: 283092

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 :

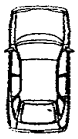
Excess Sec II :S$ D.O.A : 14/09/2022 08:20 Place of Accident : TPE TOWARDS AIRPORT BEFORE PIE

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

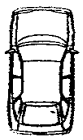
If **NO**, Driver Name / Age : TOO SHIUN HAU OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

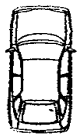
SFQ 2232Z → → →



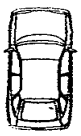
INSRS:
WSP: Advance Auto Garage
Tel :
Liability :
RMKS:



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 NA/CTI22009080/r3 15/09/2022 TOH ENG GUAN SFQ 2232Z SHD 7244B 14/09/2022 RBW
SHD 7244B -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By CC4/III19002353/Agb3q2 25/10/2019 SLM 9099X SHD 7244B 29/0[illegible]/2019 25/10/2019 LSP NA/CTI22009080/r3 15/09/2022 TOH ENG GUAN SFQ 2232Z SHD 7244B 14/09/2022 RBW

STAGE	Date/Time
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: L/SUM S$ 4,100.00 (3 days) Reduction: 60 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 13/06/2023 Confirm with Xavier Email ☑ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 4,100.00	
Loss of Rental (LOR):	S$ (days)	
Loss of Use (LOU):	S$ 400.00 ($100 x 4 days)	
Loss of Income (LOI):	S$ ($ 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: TP
Legal Cost	S$	3) Survey fee: $350.00
Total:	**S$** 4,500.00 **Global Sum S$:**	

FINAL PAYMENT Date/Time: Confirm with: Email ☐ Call ☐

Payee 1:	S$ 4,500.00	Name 1:	Advance Auto Garage
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	