15/5/2010

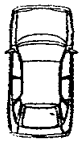
INS. CASE OWNER: HO Winnie | CC4/ASM22009381/Uea3 | LKK: IDAC: 283958

ASSIGNMENT

Surveyor: MARCUS DOI: Date / Time : 23.09.2022

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SHD 3719A Claim No. : S2M04BBW

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

Insured Tel No. : HP: Make / Model :

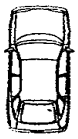
Excess Sec II :S$ D.O.A : 19/09/2022 13:20 Place of Accident : Woodlands Ave 12, Singapore

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

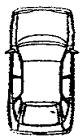
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

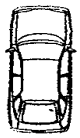
SNE 7619C →



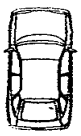
INSRS: T K LEE AUTOMOTIVE PTE LTD
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
SNE 7619C - X			
SHD 3719A -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By	Non-Reporting ltr (1st):	
	CC3/AIG12014468/H1b1t2w2 28/11/2012 SHD 3719A SJC 639Z 20/07/2012 29/11/2012 SRS	Non-Reporting ltr (2nd):	
	CC3/CAI14018500/H1zy3q2 27/11/2014 SHD 3719A SJN 5012R 29/09/2014 28/11/2014 KYS	Non-Reporting ltr (Final):	
	CS/FCI17006715/Svbe2 28/09/2017 SKH 3598A SHD 3719A 20/03/2017 28/09/2017 CKN	Notification ltr (if non-pickup):	
	CS/TMI19015709/K1vf3n2 13/09/2019 SHD 3719A SJF 411Y 03/09/2019 17/09/2019 LST	Call OI:	
	NS/INC21006832/T1vcn2 30/06/2021 SHD 3719A SLC 2155R 16/06/2021 01/07/2021 NCM	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:		