15/5/2010

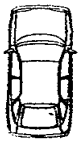
INS. CASE OWNER: HO Winnie | CC4/ASM22009390/pa3 | LKK: IDAC: 283917

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 23.09.2022

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SH 7350B | Claim No. : S2M04BIP

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

Insured Tel No. : _____ HP: _____ | Make / Model : Hyundai Ae ioniq

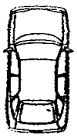
Excess Sec II :S$ _____ D.O.A : 22/09/2022 07:50 | Place of Accident : Punggol Rd, Singapore

Is driver the owner? (YES / NO) Nature of Accident : TOWARDS AND MO KIO AVENUE 5

If **NO**, Driver Name / Age : SYED IDROS BIN SYED HAMID ALKAFF | OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

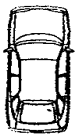
Driver Tel No. : (V/L: YES / NO) | Insured Liability : % **Final ? Yes / No**

PC 5347L → _____ → _____ → _____

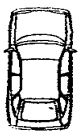


INSRS:
WSP: HD Perfect Autowork Pte Ltd
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
PC 5347L - X	
SH 7350B - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By	
CC3/AIG16005063/H1ja3n2 29/04/2016 SH 7350B YN 9126S 15/03/2016 29/04/2016 LVF	
CC3/AIG16007429/H1za3s2 20/06/2016 SH 7350B SKL 8386R 20/04/2016 20/06/2016 HMK	
CC3/FCI15014428/Kqbc2 16/09/2015 SHD 9862D SH 7350B 26/05/2015 17/09/2015 FWL	
CC6/CTI20001339/Dpa3q2 29/04/2021 SH 7350B CB 7174P 25/01/2020 30/04/2021 HMK	
NBA/CTI20001606/Y 30/01/2020 NIU XIWEI CB 7174P SH 7350B 25/01/2020 20/02/2020 RCH	

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:	