15/5/2010

INS. CASE OWNER: OH Vale

CC4/ASM22009681/pa3

LKK:

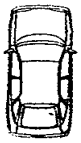
IDAC: 285123

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 03.10.2022

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SH 6506B

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Insured Tel No. : _____ HP: _____

Excess Sec II :S$ _____ D.O.A : 30/09/2022 09:30

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

If **NO**, Driver Name / Age : NG THIAM POH

Driver Tel No. : (V/L: YES / NO)

Claim No. : S2M04C2V

Policy No. : P2465714

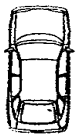
Make / Model : Hyundai Ae ioniq

Place of Accident : 13 Bishan Street 12, Singapore

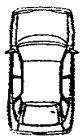
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

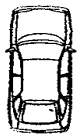
SGB 404A → _____ → _____ → _____



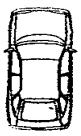
INSRS:
WSP: AUTO 101 LLP
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
SGB 404A -X	
SH 6506B -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
	CC3/CTI17017773/K1zb3n2 28/12/2017 SH 6506B SFK 9668K 12/09/2017 02/01/2018 LSP
	CS/FCI13001497/Ky1d1 20/02/2013 SBB 8082B SH 6506B 19/01/2013 21/02/2013 TKC1
	CS/FCI13018475/Uvy3u2 07/10/2013 SGL 3316Z SH 6506B 12/09/2013 08/10/2013 KKS
	CS/FCI18017409/Aqbn2 28/12/2018 SJT 3496J SH 6506B 20/09/2018 28/12/2018 CKL
	CS/FCI19005131/Ktd3n2 08/05/2019 SKK 3077X SH 6506B 17/03/2019 09/05/2019 LST1
	CS/INC09016346/Cn 13/08/2009 SH 6506B SJJ 9496Y 21/07/2009 14/08/2009 CPH
	NA/INC09016271/Ap1 27/08/2009 KNG MUI LIN IRENE SJJ 9496Y SH 6506B 21/07/2009 28/08/2009 LSR
	NS/INC15009475/H1qbk3 17/06/2015 SH 6506B SKP 7593U 07/06/2015 18/06/2015 CKL
	*HSBC INSTRUCTION TO SUBMIT WP REPORT

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (2nd non-pickup):	
Call OI:	
After call ltr to OI:	

Documentation Check List:	Handler	Typist
Notification ltr (1st 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$ 2,800.00	(5 days) Reduction: 49 %	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~~ /WP
Disbursement:	S$	(e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$		3) Survey fee: $250.00
Total:	**S$**	**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:	