15/5/2010

LKK:	
INS. CASE OWNER: KHOR Saw Theng	CC4/ASM22009739/Kpa3	IDAC: 285311

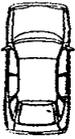## ASSIGNMENT

Surveyor: KENNETH   DOI: _____   Date / Time : 03/10/2022

Registered in Merimen: _____
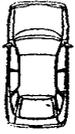
Pre-assign / CCU / FTE

Insured Vehicle No. : SHA 4532E	Claim No. : S2M04C11
Name of Insured : COMFORT TRANSPORTATION PTE LTD	Policy No. : P2465679
Insured Tel No. : _____ HP: _____	Make / Model : Toyota Prius
Excess Sec II :S$ _____ D.O.A : 30/09/2022 09:30	Place of Accident : Sin Ming Ave, Singapore

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

If **NO**, Driver Name / Age : BACHOK BIN ZAINAL @ ABDOL RAHIM BIN ZAINAL   OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

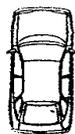Driver Tel No. : _____   (V/L: YES / NO)   Insured Liability : ____ %   **Final ? Yes / No**

SLV 3029R ———→   ———→   ———→

INSRS: CHENG HOE MOTOR PL	INSRS:	INSRS:	INSRS:
WSP:	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time		

SLV 3029R - X
SHA 4532E -

Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
CC4/ASM22006274/Kea3 30/06/2022   SJG 3032H SHA 4532E 26/06/2022 HMK
NA/INC11010307/w1 31/05/2011 BHAMAH RAMDAS SJS 8318M SHA 4532E 30/05/2011 08/06/2011 LCH
NA/INC13005437/r3 21/03/2013 KANG LEONG SENG GZ 9080P SHA 4532E 20/03/2013 25/03/2013 RBW
NS/INC17008096/H1qh3n2 09/05/2017   SHA 4532E SGU 3186J 22/04/2017 09/05/2017 CCY
NS/INC20008958/T1qf3s2 03/09/2020   SHA 4532E YQ 841D 23/08/2020 04/09/2020 LST1

STAGE	DATE / PIC
Non Reporting ltr (1st):	
Non Reporting ltr (2nd):	
Non Reporting ltr (final):	
Notification ltr (for pickup):	
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: