15/5/2010

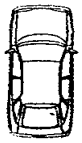
INS. CASE OWNER: KHOR Saw Theng | CC4/ASM22010316/pa3 | LKK: IDAC: 287317

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 18/10/2022

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 3306M Claim No. : S2M04D3E

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

Insured Tel No. : _____ HP: _____ Make / Model : _____

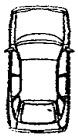
Excess Sec II :S$ _____ D.O.A : 18/10/2022 04:20 Place of Accident : WOODLANDS DRIVE 63 TOWARDS ANG MO KIO

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

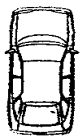
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

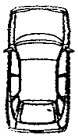
SHB 5931A → _____ → _____ → _____



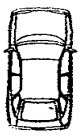
INSRS:
WSP: STRIDES
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

SHB 5931A - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By

CC3/AIG17008634/K1wa3s2 03/07/2017 SHB 5931A SLL 763B 28/04/2017 04/07/2017 RMK
CC3/AIG20009790/Qba3q2 19/04/2021 SHB 5931A GBC 8339G 09/09/2020 19/04/2021 KCY
CC3/AXA14009832/Ev1y3q2 21/08/2014 SHB 5931A SJM 4396U 26/05/2014 02/09/2014 KYS
CS/SMR22008149/Gqy3 24/08/2022 E-BIKE (CC25) SHB 5931A 17/08/2022 NMY
NA/AWA16004840/r3 15/03/2016 SYED NABIL BIN SAGOFF FBK 2679Y SHB 5931A 14/03/2016 17/03/2016 RBW
NA/INC14003729/d2 25/02/2014 PRABKIRAT KAUR SGQ 4824R SHB 5931A 24/02/2014 26/02/2014 NLS
NS/INC14003848/R1tbk3 01/04/2014 SHB 5931A SGQ 4824R 24/02/2014 01/04/2014 CKL

SHC 3306M - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By

CC3/AXA12020065/H1v1dz1 26/11/2012 SHC 3306M SGF 4743Z 12/10/2012 30/11/2012 CXC

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification to OI (if no 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:	