15/5/2010

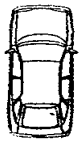
INS. CASE OWNER: ANG Yvonne | CC4/ASM22010333/pa3 | LKK: IDAC: 287260

ASSIGNMENT

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

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SH 7599B | Claim No. : S2M04D12

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

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

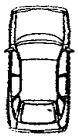
Excess Sec II :S$ _____ D.O.A : 14/10/2022 19:30 | Place of Accident : Bukit Timah Rd, Singapore

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

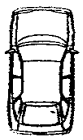
If **NO**, Driver Name / Age : POH ENG HENG | OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

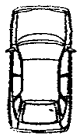
SLM 4822H → _____ → _____ → _____



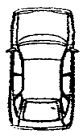
INSRS:
WSP: MG SOLUTION
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
SLM 4822H -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
	CC3/AIG19016502/Ehb3q2 16/10/2019 SHC 4329R SLM 4822H 16/09/2019 16/10/2019 LSP
	CC6/AIG19009398/Aka3q2 08/04/2020 SGT 6999R SLM 4822H 24/05/2019 08/04/2020 LSP
	NA/INC19009202/h4 24/05/2019 ADAM BIN ZUHRI SGT 6999R SLM 4822H 24/05/2019 [illegible] LSP
SH 7599B -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
	CC3/AIG07004146/Vtn 25/12/2007 SH 7599B SGQ 9796E 02/12/2007 28/12/2007 HYN
	CC3/FCI13020687/Kvm3k3 11/11/2013 SHB 9856H SH 7599B 26/08/2013 13/11/2013 BPL
	NS/INC17008204/H1vbn2 05/05/2017 SH 7599B YP 3103L 23/04/2017 08/05/2017 CKL

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:	