15/5/2010

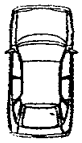
INS. CASE OWNER: ANG Yvonne | CC4/ASM22010417/pa3 | LKK: IDAC: 287677

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 20/10/2022

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 2644D | Claim No. : S2M04D7S

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

Insured Tel No. : _____ HP: _____ | Make / Model : Hyundai I40

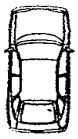
Excess Sec II :S$ _____ D.O.A : 19/10/2022 12:20 | Place of Accident : Near 9X3J+HM Singapore T3 ARRIVALDRIVE

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

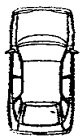
If **NO**, Driver Name / Age : CHUA THIAM POH | OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

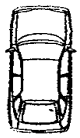
SHB 5276H → _____ → _____ → _____



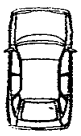
INSRS:
WSP: STRIDES
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
SHB 5276H -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
	CS/LAW10008819/Kqg1 25/06/2010 GW 322S SHB 5276H 06/05/2008 28/06/2010 SSC
	CS/LPC07002569/IKv 01/12/2007 SHB 5276H SGD 6760X 30/06/2007 28/11/2007 CYY
	CS/TIT08025118/Zw 16/09/2008 SHB 5276H 06/09/2008 19/09/2008 TMC
SHA 2644D -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
	CC3/AIG10000253/Fwjh 07/04/2010 SHA 2644D SGP 377X 04/01/2010 13/04/2010 TMC
	CC3/AIG14022055/H1hy3u2 17/12/2014 SHA 2644D SJM 4220T 23/11/2014 19/12/2014 KYS
	CC4/III16019717/Geb3q2 02/08/2017 SLF 3018G SHA 2644D 14/10/2016 08/08/2017 LST
	CS/MSG19000542/Dqd3e2 19/02/2019 SHA 2644D SLT 8131E 01/01/2019 19/02/2019 NVT
	NA/INC09011824/s1 28/05/2009 ONG KIM TIN SFM 9885P SHA 2644D 28/05/2009 01/06/2009 SLP

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:			