15/5/2010

INS. CASE OWNER: LOH Cynthia | CC4/ASM22010418/Dpa3 | LKK: IDAC: 287529

ASSIGNMENT

Surveyor: BRYAN DOI: 25/10/2022 Date / Time : 19.10.2022

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : SHA 2022Z Claim No. : S2M04D58

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 : 17/10/2022 17:25 Place of Accident : Tanah Merah Coast Rd, Singapore

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

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

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

SMQ 5448R → → →

INSRS: WSP: A T Auto Tel : Consultant Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
SMQ 5448R - X	
SHA 2022Z - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By	
CC3/III18009749/T1eb3s2 19/03/2019 SLV 8300Z SHA 2022Z 25/05/2018 19/03/2019 LSP	
NS/INC10017027/Fn 04/01/2011 SHA 2022Z GU 2713U 24/08/2010 06/01/2011 YYF	

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: L/SUM	S$ 3,700.00 (4 days)	Reduction: 75 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time 09/01/2023	Confirm with Alan	Email ☑ Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 3,700.00		
Loss of Rental (LOR):	S$ 500.00	(5 days) X $100	
Loss of Use (LOU):	S$	($ x days)	
Loss of Income (LOI):	S$	($ x days)	
LOR only ☑	LOU only ☐	LOR + LOU ☐ LOR + LOI ☐ [**Tick only one**]	
GIA/LTA Search	S$ 7.45		
Medical:	S$		1) Claim status: Normal/~~Reject/Private Settle~~
Disbursement:	S$	(e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$		3) Survey fee: $350.00
Total:	**S$** 4,207.45	**Global Sum S$:**	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ 4,207.45	Name 1: A T Auto Consultant	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	