15/5/2010

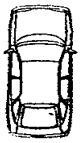
INS. CASE OWNER: HO Winnie | CC4/ASM22010602/Epa3 | LKK: IDAC: 288193

ASSIGNMENT

Surveyor: STEVE DOI: 25.10.2022 Date / Time : 25.10.2022

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SH 8154U Claim No. : S2M04DEY

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

Insured Tel No. : HP: Make / Model :

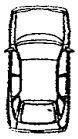
Excess Sec II :S$ D.O.A : 23/10/2022 14:40 Place of Accident : CHANGI AIRPORT TERMINAL 3

Is driver the owner? (YES / NO) Nature of Accident : Changi International Airport Terminal 3 Playground

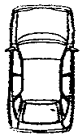
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

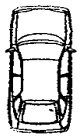
SHB 1773R → → →



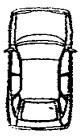
INSRS:
WSP: STRIDES
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

SHB 1773R - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
CC3/AIG15005236/K1pm3s2 24/07/2015 SHB 1773R SGJ 9284C 24/03/2015 27/07/2015 BPL
CS/TIT09004155/Zq1 04/03/2009 SHB 1773R 23/02/2009 12/03/2009 SK
NA/AVI09005810/r 17/03/2009 SANJAY SUNDER SAMNANI EE 7770D SHB 1773R 11/03/2009 20/03/2009 LWS
NS/INC13002888/R1y1n 19/03/2013 SHB 1773R SGB 7843U 09/02/2013 20/03/2013 MNB

SH 8154U -- Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
CC3/III16009245/Keb3q2 24/10/2017 SHD 555A SH 8154U 17/05/2016 25/10/2017 LSH
CC4/III16019972/R1pa3q2 27/04/2017 FBE 2000L SH 8154U 10/10/2016 27/04/2017 HMK
NS/INC16019312/H1qh3n2 03/11/2016 SH 8154U FBE 2000L 10/10/2016 03/11/2016 CAT

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:	