15/5/2010

INS. CASE OWNER: ANG Yvonne

CC4/ASM22010643/Upa3

LKK:

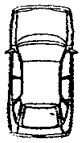
IDAC: 288497

ASSIGNMENT

Surveyor: MARCUS DOI: Date / Time : 26.10.2022

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SH 8318P Claim No. : S2M04BTJ

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

Insured Tel No. : HP: Make / Model :

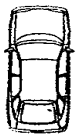
Excess Sec II :S$ D.O.A : 25/09/2022 19:20 Place of Accident : Yishun Ave 2, Singapore

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

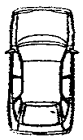
If **NO**, Driver Name / Age : LIM CHEW PING OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

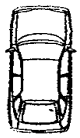
FBQ 1462E → → →



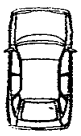
INSRS:
WSP: EROFIA
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

FBQ 1462E - X

SH 8318P - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By

~~CC3/AIG10002867/Kn1q1k2 24/06/2010 SH 8318P SBN 8181K 01/02/2010 28/06/2010 NBA~~

~~CC3/AIG10007041/Fjf2q2 08/10/2010 SH 8318P SFZ 966E 09/04/2010 08/10/2010 CPH~~

CC3/AIG10007709/Ca2f2r1 08/06/2010 SH 8318P SJM 3103E 19/04/2010 10/06/2010 CPH

CC3/AIG10018646/Fn1f2q2 13/12/2010 SH 8318P SDZ 994Y 15/09/2010 20/12/2010 KWS

~~CC3/AXA12000121/H1ec3q2 27/10/2012 SH 8318P PC 8286J 30/12/2011 02/11/2012 TLF~~

CS/FCI19003116/Eqd3s2 06/05/2019 SLL 7386K SH 8318P 28/01/2019 06/05/2019 NVT

CS/TMI19019928/Fvf3e2 19/11/2019 SH 8318P SMF 7940E 08/11/2019 19/11/2019 LST1

~~NS/INC10023691/Fr1 08/02/2011 SH 8318P SGC 3930Y 16/11/2010 10/02/2011 TCT~~

NS/INC12022999/H1qn 20/12/2012 SH 8318P SDD 3255T 27/11/2012 28/12/2012 SSC

~~NS/INC18022656/K1vbn2 26/12/2018 SH 8318P SMD 5746Z 16/12/2018 28/12/2018 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:		