15/5/2010

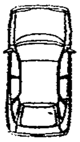
INS. CASE OWNER: HO Winnie | CC4/ASM22010874/Kpa3 | LKK: IDAC: 289179

ASSIGNMENT

Surveyor: KENNETH DOI: ____ Date / Time : 01/11/2022

Registered in Merimen: ____

Pre-assign / CCU / FTE



Insured Vehicle No. : SH 8426K Claim No. : S2M0472Z

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

Insured Tel No. : ____ HP: ____ Make / Model : Hyundai Ae ioniq

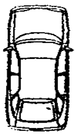
Excess Sec II :S$ ____ D.O.A : 16/07/2022 18:30 Place of Accident : Victoria St, Singapore

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

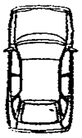
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

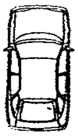
SKR 5501M → ____ → ____ → ____



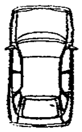
INSRS: KUM CHEW MOTOR WORKSHOP
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
SKR 5501M- X	
SH 8426K -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
	CA/AIG09014225/s1 26/06/2009 CHIA SIEW KEE SGA 2294S SH 8426K 24/06/2009 30/06/2009 SLP
	CC3/CTI20007790/T1es3q2 29/03/2021 SH 8426K GBG 8664X 25/07/2020 30/08/2021 LSL1
	CC3/TMI15014132/H1qbd1 01/09/2015 SH 8426K SCX 8227Z 19/08/2015 03/09/2015 CKL
	CC3/TMI19022723/Fqd3e2 02/01/2020 SH 8426K SLF 9460Y 23/12/2019 02/01/2020 NVT
	CS/FCI14016111/Utbk3 26/12/2014 SJX 9621D SH 8426K 21/08/2014 29/12/2014 CKL
	NS/INC21011183/T1qcn2 30/11/2021 SH 8426K ER 580M 26/10/2021 30/11/2021 EWL

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:	