15/5/2010

INS. CASE OWNER:

CC4/ASM22011010/Gpa3

LKK:

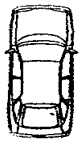
IDAC: 289630

ASSIGNMENT

Surveyor: XING GUO QIANG DOI: 21/11/2022 Date / Time : 03.11.2022

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 8598D Claim No. : S2M04DWY

Name of Insured : COMFORT TRANSPORTATION PTE LTD Policy No. : P2465714

Insured Tel No. : HP: Make / Model :

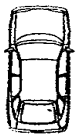
Excess Sec II :S$ D.O.A : 28/10/2022 20:10 Place of Accident : Pasir Ris Dr 8, Singapore

Is driver the owner? (YES / NO) Nature of Accident : TOWARDS PASIR RIS DRIVE 1

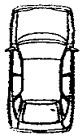
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

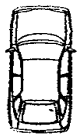
FBP 475E → → →



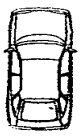
INSRS:
WSP: BOON SIEW
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
FBP 475E - X	
SHC 8598D -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By CC3/AIG13016998/Ysa3q2 07/11/2013 SHC 8598D SKB 8687A 11/09/2013 11/11/2013 HMK CS/ASM22011010/Gqp3 03/11/2022 FBP 475E SHC 8598D 28/10/2022 RAP CS/MSG19007834/Dvd3n2 11/06/2019 SHC 8598D GBD 8955Y 30/04/2019 11/06/2019 LST1 CS3/FCI20008238/Eqf3e2 17/11/2020 SLU 7316R SHC 8598D 03/08/2020 20/11/2020 LST1 NS/INC11021366/H1vn 15/11/2011 SHC 8598D PA 7989G 15/10/2011 17/11/2011 SNB NS/INC12002815/H1qn 23/02/2012 SHC 8598D SGH 4602L 08/02/2012 23/02/2012 SSC NS/INC20008121/T1vf3n2 14/08/2020 SHC 8598D SLU 7316R 03/08/2020 17/08/2020 LST1

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:	