15/5/2010

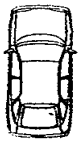
INS. CASE OWNER: KHOR Saw Theng | CC4/ASM22011195/pa3 | LKK: IDAC: 290448

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 08/11/2022

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 4749Y | Claim No. : S2M046NI

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

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

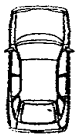
Excess Sec II :S$ _____ D.O.A : 13/07/2022 14:40 | Place of Accident : Clemenceau Ave N, Singapore

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

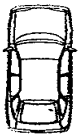
If **NO**, Driver Name / Age : YONG LAY KWAN (YANG LIJUN) | OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

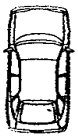
SMY 9031R → _____ → _____ → _____



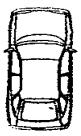
INSRS:
WSP: JSSM AUTOSOLUTIONS PTE LTD
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
SMY 9031R - X	
SHA 4749Y - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By	
CC3/AIG07000944/Vts 01/11/2007 SHA 4749Y SBF 8998M 11/09/2007 05/11/2007 SGN	
CC6/FCI20003965/Uba3q2 09/11/2020 SMA 610E SHA 4749Y 12/03/2020 11/11/2020 LSL	
CS/MSG22002118/Kvy3e2 05/04/2022 SHA 4749Y SMY 5109C 04/03/2022 05/04/2022 NMY	
NA/INC18013757/k4 27/07/2018 LI JIA YI (LU JIAYI) SLP 2205L SHA 4749Y 27/07/2018 02/08/2018 KSG	
NS/INC11023702/H1qtn 28/11/2011 SHA 4749Y SKC 7333Y 17/11/2011 05/12/2011 TWL	

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:	