15/5/2010

INS. CASE OWNER: ANG Yvonne

CC4/ASM22011349/pa3

LKK:

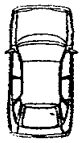
IDAC: 291255

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 11.11.2022

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 7057R Claim No. : S2M04EJG

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

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

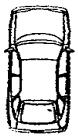
Excess Sec II :S$ _____ D.O.A : 08/11/2022 18:00 Place of Accident : ECP TWDS CITY

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

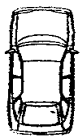
If **NO**, Driver Name / Age : CHONG SENG SEE OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

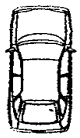
SJN 393Z → _____ → _____ → _____



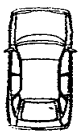
INSRS:
WSP: AP Automotive
Tel : Services Pte Ltd
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
SJN 393Z - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By	
CC4/AXA12002237/Uedf1 17/05/2012 SJT 7203L SJN 393Z 02/02/2012 24/05/2012 CXC	
CC6/III21004512/Ags3q2 09/07/2021 SJN 393Z XE 1098B 06/04/2021 09/07/2021 LSL1	
CC6/III21004512/Ags3q2-1 08/10/2021 SJN 393Z XE 1098B 06/04/2021 11/10/2021 LSL1	
NA/AIG12002120/w1 02/02/2012 TAN YONG BOON JAME (CHEN YONGWEN) SJT 7203L SJN 393Z 02/02/2012 07/02/2012 LCH	
SHA 7057R - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By	
CC3/AXA12011274/H1edq2 25/10/2012 SHA 7057R GP 7924X 05/06/2012 08/11/2012 CXC	
CC3/AXA12012206/H1ec3f1 18/09/2012 SHA 7057R SBV 7770A 16/06/2012 20/09/2012 HMK	
CC3/FCI14006057/Kvm3k3 08/04/2014 SHB 9677H SHA 7057R 06/01/2014 10/04/2014 HMK	
CC3/FCI20006390/Kea3q2 11/11/2020 SHD 321H SHA 7057R 15/06/2020 18/11/2020 HMK	
CC3/LCR17019046/K1zb3q2 15/11/2017 SHA 7057R SLG 6978K 30/09/2017 17/11/2017 LSP	
CS/FCI12012045/Ay1d1 20/07/2012 SBV 7770A SHA 7057R 16/06/2012 26/07/2012 SRB	
CS/FCI18001190/Ktd3n2 14/02/2018 SJY 9971M SHA 7057R 16/01/2018 14/02/2018 NVT	

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:	