15/5/2010

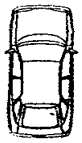
INS. CASE OWNER: ANG Yvonne | CC4/ASM22011522/pa3 | LKK: IDAC: 292033

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 16.11.2022

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SHD 3190Z | Claim No. : S2M04CM5

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

Insured Tel No. : _____ HP: _____ | Make / Model : _____

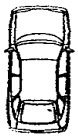
Excess Sec II :S$ _____ D.O.A : 09/10/2022 12:15 | Place of Accident : Grange Rd, Singapore

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

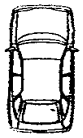
If **NO**, Driver Name / Age : | OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

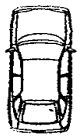
GBK 8711Y → _____ → _____ → _____



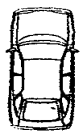
INSRS:
WSP: FORZA
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
GBK 8711Y - X	
SHD 3190Z - Reference	Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
	CC3/AIG12021655/H1a2t2q2 07/12/2012 SHD 3190Z SJY 5224M 05/11/2012 07/12/2012 SBS
	CC3/AXA11023981/H1edq2 08/02/2012 SHD 3190Z SGF 2451D 22/11/2011 14/02/2012 GXC
	CS/FCI16024405/T1gh3n2 18/04/2017 SFL 223P SHD 3190Z 17/12/2016 18/04/2017 CCY
	CS/TMI22005269/Gvy3n2 10/06/2022 SHD 3190Z SLR 9616C 31/05/2022 10/06/2022 SSC
	NS/INC13004270/M1cn 02/04/2013 SHD 3190Z SKG 1763H 01/03/2013 04/04/2013 SNJ
	NS/INC21005213/Nvcn2 10/05/2021 SHD 3190Z SGD 2090Y 24/04/2021 10/05/2021 EWL

STAGE	**DATE / PIC**
Non-Cooperation Ltr (if any):	
1st / 2nd Chasing Ltr (if any):	
Notification ltr (if normal):	
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:	