15/5/2010

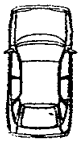
INS. CASE OWNER: ANG Yvonne | CC4/ASM22012134/pa3 | LKK: IDAC: 294668

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 05/12/2022

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SHD 6676U | Claim No. : S2M04FXP

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

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

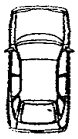
Excess Sec II :S$ _____ D.O.A : 03/12/2022 | Place of Accident : _____

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

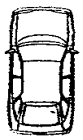
If **NO**, Driver Name / Age : | OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

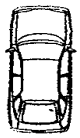
SLN 8100B → _____ → _____ → _____



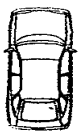
INSRS:
WSP: HD Perfect Autowork
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
SLN 8100B -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
	CC3/CTI19015568/Kea3q2 17/12/2019 SHD 184L SLN 8100B 30/08/2019 20/12/2019 HMK
SHD 6676U -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
	CC3/CTI19005477/K1ha3n2 24/05/2019 SHD 6676U SGJ 606S 24/03/2019 28/05/2019 HMK
	CS/FCI17021747/Kvbn2 21/11/2017 SHD 5398D SHD 6676U 10/11/2017 21/11/2017 NVT
	CS/FCI18013148/Urbn2 11/09/2018 SLB 1224L SHD 6676U 18/07/2018 12/09/2018 CKL

Accident:	
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
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: L/SUM S$ 13,900.00 (11 days) Reduction: 72 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 21/04/2023 Confirm with Irene Email ☑ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 100
Repair Cost:	S$ 13,900.00	
Loss of Rental (LOR):	S$ (days)	
Loss of Use (LOU):	S$ 600.00 ($ 50 x 12 days)	
Loss of Income (LOI):	S$ ($ x days)	
LOR only ☐ LOU only ☑ LOR + LOU ☐ LOR + LOI ☐ [**Tick only one**]		
GIA/LTA Search	S$ 38.45	
Medical:	S$	1) Claim status: Normal/~~Reject/Private Settle~~
Disbursement:	S$ (e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$	3) Survey fee: $350.00
Total:	**S$** 14,538.45 **Global Sum S$:** 14,500.00	

FINAL PAYMENT Date/Time: Confirm with: Email ☑ Call ☐

Payee 1:	S$ 14,500.00	Name 1:	HD PERFECT AUTOWORK PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	