15/5/2010

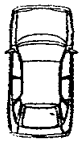
INS. CASE OWNER: ANG Yvonne | CC4/ASM22012216/pa3 | LKK: IDAC: 294830

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 06/12/2022

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 4121H | Claim No. : S2M04EYE

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

Insured Tel No. : _____ HP: _____ | Make / Model : Hyundai I40

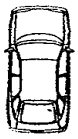
Excess Sec II :S$ _____ D.O.A : 14/11/2022 22:30 | Place of Accident : Nim Dr, Singapore

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

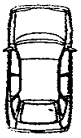
If **NO**, Driver Name / Age : NG BENG TECK @LIM KIM SHAI | OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

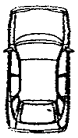
SFD 9998U → _____ → _____ → _____



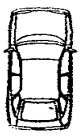
INSRS:
WSP: KOMOCO MOTORS PTE LTD
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
SFD 9998U -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By CC6/AIG13013366/Aha3w2 01/11/2013 SGM 2995P SFD 9998U 23/07/2013 05/11/2013 HMK
SHA 4121H -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By CA/AIG08029116/s1 30/10/2008 SRI DEWI SJF 5141T SHA 4121H 30/10/2008 04/11/2008 SLP CC3/AIG13002349/Kb1a3y 13/05/2013 SHA 4121H SGV 9246A 26/01/2013 15/05/2013 HMK CC4/III17010370/R1yb3q2 26/02/2018 SLE 8786U SHA 4121H 23/05/2017 28/02/2018 LSP CS3/III12011811/Kkn 03/07/2012 SGE 5140L SHA 4121H 14/04/2012 02/07/2012 LPY NA/INC12007528/w1 16/04/2012 MOHAMAD ILIYAZA BIN MAT NOR SGE 5140L SHA 4121H 14/04/2012 17/04/2012 LCH

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:	