15/5/2010

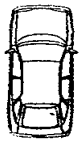
INS. CASE OWNER: ANG Yvonne | CC4/ASM22012218/pa3 | LKK: IDAC: 294783

ASSIGNMENT

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

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 7219R | Claim No. : S2M04FY0

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

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

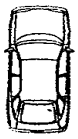
Excess Sec II :S$ _____ D.O.A : 03/12/2022 16:50 | Place of Accident : Stadium Blvd, Singapore

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

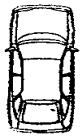
If **NO**, Driver Name / Age : TAY BOON KHIN | OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

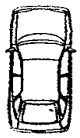
SJE 3966Z → _____ → _____ → _____



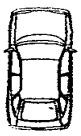
INSRS:
WSP: N-51
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
SJE 3966Z - X		Non-Reporting ltr (1st):	
SHA 7219R - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By		Non-Reporting ltr (2nd):	
CC3/FCI16002918/Kqbc2 18/02/2016 SHD 5636S SHA 7219R 14/02/2016 19/02/2016 CKL		Non-Reporting ltr (Final):	
CC4/FCI20010497/Qra3q2 29/12/2020 SLD 5158H SHA 7219R 26/09/2020 30/12/2020 KCY		Notification ltr (if non-pickup):	
CS/FCI18018579/Ktd3e2 11/01/2019 YP 1101E SHA 7219R 06/10/2018 15/01/2019 NVT		Call OI:	
NA/UOI20010380/z4 28/09/2020 LIM KOON HAN, JENTSON (LIN KUNHAN) SLD 5158H SHA 7219R 26/09/2020 05/10/2020 HZT		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:	