15/5/2010

INS. CASE OWNER: LOW Garnet | CC4/ASM23000026/pa3 | LKK: IDAC: 298475

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 03.01.2023

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : SHA 1867J Claim No. : S3M04HF8

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

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

Excess Sec II :S$ _____ D.O.A : 31/12/2022 15:34 Place of Accident : NORTHSHORE WALK TO NORTHSHORE DRIVE

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**

SLF 2295D → _____ → _____ → _____

INSRS:
WSP: AUTO 101 LLP
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
SLF 2295D - X	
SHA 1867J - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By	
	CC4/FCI20009542/Kks3q2 20/11/2020 SDR 1066L SHA 1867J 23/08/2020 26/11/2020 UNI
	NA/INC08024835/s1 06/09/2008 CHOO SHUN HUI SGQ 581S SHA 1867J 06/09/2008 09/09/2008 SLP
	NS/INC22010826/Tnom4 02/12/2022 SHA 1867J SMN 3505M 18/10/2022 02/12/2022 FW
12/1/23 9:36 AM *** PLS IGNORE THIS SERVICE *** MUTUAL SETTLEMENT - LOW Garnet	
12/01/2023	TO CANCEL CASE // NO SURVEY DONE

STAGE	DATE / PIC
Date Created By:	
Call Reporting ltr (1st):	
Call 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:	