15/5/2010

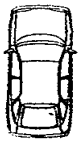
INS. CASE OWNER: ANG Yvonne | CC4/ASM23000028/Apa3 | LKK: IDAC: 298442

ASSIGNMENT

Surveyor: ADRIAN DOI: _____ Date / Time : 03.01.2023

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SHD 3176R | Claim No. : S2M04HBJ

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

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

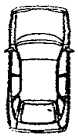
Excess Sec II :S$ _____ D.O.A : 30/12/2022 05:40 | Place of Accident : Sims Ave, Singapore

Is driver the owner? (YES / NO) Nature of Accident : TOWARD LOR GEYLANG 39

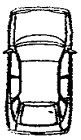
If **NO**, Driver Name / Age : SETOH KAM SENG | OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

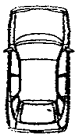
GBM 258G → _____ → _____ → _____



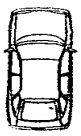
INSRS:
WSP: MG SOLUTION PTE LTD
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
GBM 258G - X	
SHD 3176R -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
	CC3/EQI18004284/K1hb3q2 18/04/2018 SHD 3176R SJE 8907L 04/03/2018 19/04/2018 HMF
	CC3/LCR18013448/K1wa3q2 05/10/2018 SHD 3176R SLM 2452E 20/07/2018 09/10/2018 HMK
	NA/EQI18004219/z4 05/03/2018 NIN SAID BIN SUPRI SJE 8907L SHD 3176R 04/03/2018 12/03/2018 HZT
	NS/INC11020195/H1qm 02/11/2011 SHD 3176R SGX 3117T 01/10/2011 12/11/2011 TWL
	NS/INC14016041/H1qm3c3 26/08/2014 SHD 3176R YL 2987E 20/08/2014 27/08/2014 SPL
	NS/INC15016785/H1qbd1 16/10/2015 SHD 3176R GQ 8045X 02/10/2015 20/10/2015 CKL
	NS/INC19002819/K1qd3e2 20/02/2019 SHD 3176R SJN 5582L 02/02/2019 21/02/2019 NYT

STAGE	DATE / PIC
Date 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:	