15/5/2010

INS. CASE OWNER: OH Vale

CC4/ASM23000122/pa3

LKK:

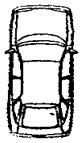
IDAC: 298574

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 04/01/2023

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SH 6991H

Claim No. : S3M04HDI

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 : 31/12/2022 09:00

Place of Accident : Jurong West Central 3, Singapore

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

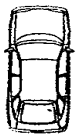
If **NO**, Driver Name / Age :

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

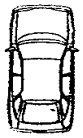
Driver Tel No. : (V/L: YES / NO)

Insured Liability : % **Final ? Yes / No**

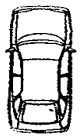
SJU 4771C → _____ → _____ → _____



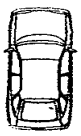
INSRS:
WSP: Chia Auto Services Pte Ltd
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
SJU 4771C - X	
SH 6991H -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
	CC4/ASM21012721/Uea3q2 07/07/2022 JNG 6961 SH 6991H 30/11/2021 20/07/2022 HMK
	CS/LAW11024002/M1qtk3 22/12/2011 SGH 9751G SH 6991H 11/03/2011 21/12/2011 SSC
	CS3/III20008038/Etf3e2 30/09/2020 SMG 3410P SH 6991H 02/08/2020 02/10/2020 LST1

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:	