15/5/2010

INS. CASE OWNER: TEO Kitty

CC4/ASM23000129/Upa3

LKK:

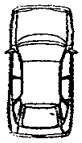
IDAC: 298653

ASSIGNMENT

Surveyor: MARCUS DOI: 05/01/2023 Date / Time : 04.01.2023

Registered in Merimen: ——

Pre-assign / CCU / FTE



Insured Vehicle No. : SH 8269Y Claim No. : S3M04HII

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

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

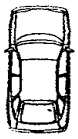
Excess Sec II :S$ D.O.A : 31/12/2022 22:35 Place of Accident : Tiong Bahru Rd, Singapore

Is driver the owner? (YES / NO) Nature of Accident : TOWARDS ZION ROAD

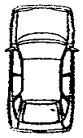
If **NO**, Driver Name / Age : ISMAIL BIN YACOB OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

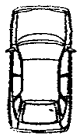
SMF 5680T → → →



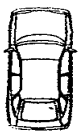
INSRS:
WSP: JSSM AUTOSOLUTIONS PTE LTD
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
SMF 5680T - X	
SH 8269Y -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Repairer
	CC3/AXA11025081/H1ec3q2 19/10/2012 SH 8269Y GBB 7567B 03/12/2011 29/10/2012 N.F
	CC4/ASM21007771/Bpa3q2 09/05/2022 SJU 525Z SH 8269Y 09/07/2021 11/05/2022 HWK
	CC4/FCI20008701/Kea3q2 09/05/2022 GBA 8991H SH 8269Y 14/08/2020 11/05/2022 HWK
	CC4/LPC17009480/H1hb3n2 11/09/2017 SH 8269Y SJM 1345L 13/05/2017 11/09/2017 LSH
	CS/FCI14004876/Gvm3k3 24/03/2014 PA 4447Z SH 8269Y 08/10/2013 26/03/2014 BPL
	CS/QW13020378/Yvm3k3 01/11/2013 SH 8269Y 08/10/2013 13/11/2013 BPL
	CS3/FCI15022175/R1qh3c2-1 26/05/2016 SKC 2002K SH 8269Y 24/12/2015 27/05/2016 CSY
	CS3/FCI15022175/T1qh3c2 29/12/2015 SKC 2002K SH 8269Y 24/12/2015 05/01/2016 CSY
	NA/UOI15022056/h4 24/12/2015 GOH KAH HENG SKC 2002K SH 8269Y 24/12/2015 30/12/2015 LSH

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:		