15/5/2010

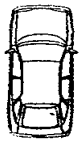
INS. CASE OWNER: TEO Kitty | CC4/ASM23000568/Apa3 | LKK: IDAC: 300197

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 16.01.2023

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 8474C | Claim No. : S3M04I1N

Name of Insured : COMFORT TRANSPORATION PTE LTD | Policy No. : P2465714

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

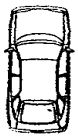
Excess Sec II :S$ _____ D.O.A : 14/01/2023 22:15 | Place of Accident : KAMPONG KAPUR ROAD TOWARDS SYED ALWI ROAD BEFORE VEERASAMY ROAD

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

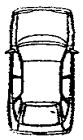
If **NO**, Driver Name / Age : | OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

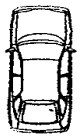
GBG 671C → _____ → _____ → _____



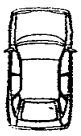
INSRS:
WSP: N-51 AUTOMOTIVE PTE LTD
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
GBG 671C -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By NA/TMI23000531/d4 17/01/2023 PALAIYAN RAJESHKUMAR GBG 671C SHC 8474C 14/01/2023 NVT
SHC 8474C -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By CC4/III190045177/Ufa3q2 10/05/2019 SLM 5500E SHC 8474C 06/03/2019 10/05/2019 HMK CC4/III20000589/Kgs3q2 19/10/2020 SJT 4883T SHC 8474C 03/01/2020 03/11/2020 LSL1 CS/LAW15004342/Avbk3 10/04/2015 SJX 58P SHC 8474C 03/10/2013 10/04/2015 CKL NA/TMI23000531/d4 17/01/2023 PALAIYAN RAJESHKUMAR GBG 671C SHC 8474C 14/01/2023 NVT

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:	