15/5/2010

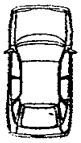
INS. CASE OWNER: LOW Garnet | CC4/ASM23000570/pa3 | LKK: IDAC: 300149

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 16.01.2023

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SH 8185E | Claim No. : S3M04I0Y

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

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

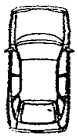
Excess Sec II :S$ | D.O.A : 15.01.2023 09:02 | Place of Accident :

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

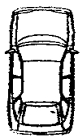
If **NO**, Driver Name / Age : | OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

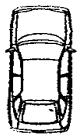
SNC 5719X → _____ → _____ → _____



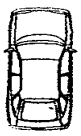
INSRS:
WSP: N-51 AUTOMOTIVE PL
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
SNC 5719X - X	
SH 8185E -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
	CC3/AIG10014464/Dn1f2v2 23/11/2010 SH 8185E EF 87J 20/07/2010 29/11/2010 KWS
	CC3/AXA13010291/H1pb3c3 26/08/2013 SH 8185E PA 4661X 05/06/2013 28/08/2013 KYS
	CC4/III18022073/R1fa3q2 23/05/2019 SKX 4810X SH 8185E 03/12/2018 23/05/2019 HMK
	NA/INC08019665/z1 09/07/2008 MERRAN LOUISE ULYETT SFV 991C SH 8185E 12/01/2007 11/07/2008 LSR
	NS/INC20006277/T1sf3e2 29/06/2020 SH 8185E AX 3433B 11/06/2020 30/06/2020 FWL

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:	