15/5/2010

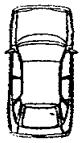
INS. CASE OWNER: ANG Yvonne | CC4/ASM23000589/pa3 | LKK: IDAC: 300011

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 13.01.2023

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 4707T | Claim No. : S3M04HY6

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

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

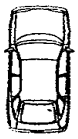
Excess Sec II :S$ _____ D.O.A : 12/01/2023 08:30 | Place of Accident : 83 Punggol Central, Singapore 828761

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

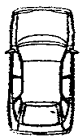
If **NO**, Driver Name / Age : CHNG KENG YONG | OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

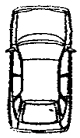
SKM 8224U → _____ → _____ → _____



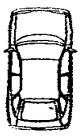
INSRS:
WSP: MG SOLUTION
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
SKM 8224U -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By CC4/AXA16013835/Gug3q2 28/11/2016 SKM 8224U SKU 2779H 13/07/2016 01/12/2016 LSH1 CC6/AIG14014911/Kh2a3w2 13/01/2015 SGJ 7997S SKM 8224U 19/07/2014 15/01/2015 HMK CS/TMI15007009/H1qy3d1 12/05/2015 SHA 4404S SKM 8224U 22/04/2015 13/05/2015 LSP
SHA 4707T -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By CC3/AIG13017505/Yst2q2 11/10/2013 SHA 4707T SFA 9955J 17/09/2013 18/10/2013 SBS CC3/AIG16017289/H1ub3q2 17/11/2016 SHA 4707T SKR 2577P 08/09/2016 19/11/2016 LSP CS3/ASM21003839/R1qce2-1 06/09/2021 SBB 2227R SHA 4707T 23/03/2021 06/09/2021 NMY CS3/ASM21003839/R1qf3e2 06/04/2021 SBB 2227R SHA 4707T 23/03/2021 10/04/2021 LST1 NA/INC16001567/r3 25/01/2016 POH LEONG HOCK GY 2807L SHA 4707T 25/01/2016 29/01/2016 RBW NS/INC21006965/Nqce2 22/07/2021 SHA 4707T SLJ 6363T 21/06/2021 23/07/2021 NMY

STAGE	DATE / PIC	Handler	Typist
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:			
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:		