15/5/2010

INS. CASE OWNER:

CC4/ASM23000673/Apa3

LKK:

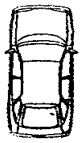
IDAC: 300290

ASSIGNMENT

Surveyor: ADRIAN DOI: 18/01/2023 Date / Time : 18.01.2023

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 8974B Claim No. : S3M04I4G

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

Insured Tel No. : HP: Make / Model :

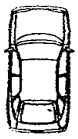
Excess Sec II :S$ D.O.A : 14/01/2023 14:30 Place of Accident : 129 Pasir Ris Street 11, Singapore

Is driver the owner? (YES / NO) Nature of Accident : OPEN SURFACE CARPARK

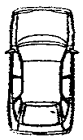
If **NO**, Driver Name / Age : NAZZUIN BIN SARFOODIN OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

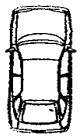
SMA 1664T → → →



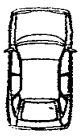
INSRS:
WSP: Best Solution
Tel : Autocare Pte Ltd
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
SMA 1664T - X	
SHC 8974B -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
	CC3/AIG16007581/H1yg3n2 15/06/2016 SHC 8974B SDX 138M 22/04/2016 16/06/2016 LSH1
	CC3/III17012500/M1hb3q2 08/12/2017 SJP 2107K SHC 8974B 23/09/2017 11/12/2017 LSP
	CC4/III16000093/T1wa3q2 22/04/2016 SKW 8740T SHC 8974B 10/12/2015 29/04/2016 HMK
	CC4/III18022673/Kpb3q2 31/05/2019 SLP 5803R SHC 8974B 16/12/2018 03/06/2019 LSP
	CC6/III16008083/Apb3n2 27/06/2016 SBC 6668U SHC 8974B 22/04/2016 28/06/2016 LSP
	NA/LIP23000514/d4 16/01/2023 POW YAN PHENG GBJ 925E SHC 8974B 14/03/2023 18/01/2023 NVT

STAGE	DATE / PIC
Accident Report Letter (1st)	
2nd Reporting Letter:	16/06/2016
Notification Letter:	11/12/2017 LSP
Medical Letter to OI:	28/06/2016 HMK
After call Ltr to OI:	03/06/2019 LSP

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:			