15/5/2010

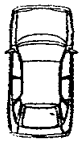
INS. CASE OWNER: ANG Yvonne | CC4/HSB23001069/pa3 | LKK: IDAC: 301933

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 02.02.2023

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SH 6222U | Claim No. : S3M04IQW

Name of Insured : COMFORT TRANSPORTATION PTE LTD | Policy No. : P2478218

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

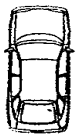
Excess Sec II :S$ _____ D.O.A : 31/01/2023 19:31 | Place of Accident : Tampines Street 71, Singapore

Is driver the owner? (YES / NO) | Nature of Accident : TWDS TAMPINES AVE 5

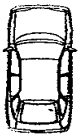
If **NO**, Driver Name / Age : | OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

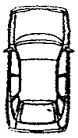
SLN 3613X → _____ → _____ → _____



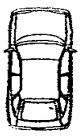
INSRS:
WSP: SM AUTOMOTIVE
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
SLN 3613X -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
	CS/AGI22009318/Gcy3 21/09/2022 SMN 3664L SLN 3613X 20/09/2022 NMY
SH 6222U -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
	CC3/AIG17017366/K1ka3q2 25/10/2017 SH 6222U SFY 5838P 04/09/2017 25/10/2017 HMK
	CC3/III17017213/R1hb3q2 13/02/2018 SFY 5838P SH 6222U 04/09/2017 15/02/2018 LSP
	CC4/III17003528/T1ua3q2 13/11/2017 GBA 2921A SH 6222U 15/02/2017 16/11/2017 HMK
	CC4/III20001370/Qpa3q2 05/05/2020 SHC 4786D SH 6222U 16/01/2020 06/05/2020 HMK
	CS3/ASM21005826/Gqce2 27/05/2021 SFG 1417S SH 6222U 08/05/2021 27/05/2021 EVL
	NA/INC10011943/s1 21/06/2010 MOHD NOOR BIN ARSAT SBU 4956G SH 6222U 20/06/2010 22/06/2010 SLP
	NBA/MSG17013256/J 05/07/2017 TING CHENG KWEE SKW 4650X SH 6222U 05/07/2017 17/07/2017 RDH
	NBA/RSI14006922/s4 14/04/2014 MOHAMED ZULKARNAIN BIN ROSLI FBJ 8347D SH 6222U 13/04/2014 17/04/2014 SAM

STAGE	DATE / PIC	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:		
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:			