15/5/2010

INS. CASE OWNER: LOW Garnet

CC4/HSB23001166/pa3

LKK:

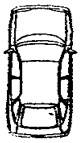
IDAC: 301703

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 01.02.2023

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 2169J

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Insured Tel No. : _____ HP: _____

Excess Sec II :S$ _____ D.O.A : 29/01/2023 23:50

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

If **NO**, Driver Name / Age : AW SWEE SUN

Driver Tel No. : (V/L: YES / NO)

Claim No. : S3M04IM5

Policy No. : _____

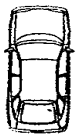
Make / Model : Hyundai i40

Place of Accident : Upper Paya Lebar Rd, Singapore AND UPPER SERANGOON ROAD JUNCTION

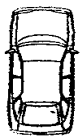
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

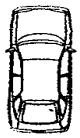
SLK 3504T → _____ → _____ → _____



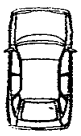
INSRS:
WSP: JSSM
Tel : AUTOSOLUTIONS PTE LTD
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
SLK 3504T -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
	CC4/EQI18007744/Sja3q2 20/12/2018 SLK 3504T SKG 4886S 24/04/2018 20/12/2018 HMK
	CC6/LCR17023994/Awb3q2 19/06/2018 GBE 6738R SLK 3504T 20/10/2017 19/06/2018 LSF
SHA 2169J -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
	CC3/AIG17017069/K1hb3q2 16/11/2017 SHA 2169J SJT 9443Y 30/08/2017 18/11/2017 NSF
	CS/FCI13013284/M1gk3 02/09/2013 SHD 1144X SHA 2169J 21/07/2013 04/09/2013 LAP
	CS/FCI15008463/M1qy3k3 03/06/2015 SKH 3712L SHA 2169J 14/05/2015 04/06/2015 KYS
	CS/FCI19018288/Kyd3e2 17/04/2020 SLP 8834G SHA 2169J 09/10/2019 20/04/2020 ATA
	NS/INC16007906/H1vbd1 15/06/2016 SHA 2169J SJG 4656B 26/04/2016 16/06/2016 CKL

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:	