15/5/2010

INS. CASE OWNER: ANG Yvonne

CC4/HSB23001285/pa3

LKK:

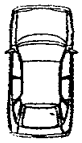
IDAC: 302461

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 07/02/2024

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SH 7272T Claim No. : S3M04J23

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

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

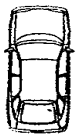
Excess Sec II :S$ _____ D.O.A : 06/01/2023 10:20 Place of Accident : _____

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

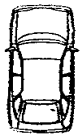
If **NO**, Driver Name / Age : CHUA ENG HUI OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

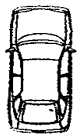
SNE 5759U → _____ → _____ → _____



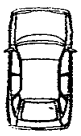
INSRS:
WSP: MY CAR CONSULTANT
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
SNE 5759U - X		Non-Reporting ltr (1st):	
SH 7272T -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By	Non-Reporting ltr (2nd):	
	CC3/AIG16019804/M1wa3q2 03/03/2017 SH 7272T SKC 5395G 15/10/2016 08/03/2017 HMK	Non-Reporting ltr (Final):	
	CC3/III16019807/M1wb3q2 01/08/2017 SHA 9988R SH 7272T 15/10/2016 07/08/2017 LSP	Notification ltr (if non-pickup):	
	CS3/III19007909/Npb3s2 16/08/2019 FZ 9447C SH 7272T 06/04/2019 19/08/2019 LSP	Call OI:	
	CS3/III19007909/Nps3s2-1 22/12/2020 FZ 9447C SH 7272T 06/04/2019 23/12/2020 LSL	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:	