

INS. CASE OWNER:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 08/02/2023
Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SHD 3808B Claim No. : S3M04IPU
Name of Insured : COMFORT TRANSPORTATION PTE LTD Policy No. : P2478218
Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :\$ D.O.A : 18/01/2023 14:30 Place of Accident : TUAS BEFORE SIMEI EXIT
Is driver the owner? (YES / NO) Nature of Accident : _____

If NO, Driver Name / Age : DENNIS HO CHEE KEONG (DENNIS HE ZHIQIANG) OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
Driver Tel No. : _____ (V/L: YES / NO) Insured Liability : _____ % Final ? Yes / No

SML 3999G



INSRS: **FORZA**
WSP: **AUTOHAUS**
Tel : **PTE. LTD.**
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
SML 3999G - X		
SHD 3808B - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date	Non-Reporting Itr (1st):	
CC3/AIG11018617/H1sg2q2 07/11/2012 SHD 3808B SGP 2345Z 08/09/2011 12/11/2012	Non-Reporting Itr (2nd):	
CC3/AIG15014457/H1wa3c2 30/10/2015 SHD 3808B SKS 9525M 22/08/2015 03/11/2015	Non-Reporting Itr (Final):	
CC3/CTH16007101/H1wb3n2 08/06/2016 SHD 3808B SJX 9527T 16/04/2016 09/06/2016	Notification Itr (if non-pickup):	
CS/FCI1600474/M1fbc2 07/04/2016 SHC 2460G SHD 3808B 05/01/2016 08/04/2016	Call OI:	
CS/FCI15014585/T1vbd1 10/09/2015 YL 5728S SHD 3808B 22/08/2015 17/09/2015	After call Itr to OI:	
NA/INC12014010/z 18/07/2012 LOH KIA CHIN SGS 8942X SHD 3808B 18/07/2012 20/07/2012	Mandate/Reject Instruction:	
NBA/EQI15014393/e1 24/08/2015 TAN HAI HENG YL 5728S SHD 3808B 22/08/2015 02/09/2015	LOD	
NS/INC12014128/H1qn 01/08/2012 SHD 3808B SGS 8942X 18/07/2012 31/07/2012	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 <input type="checkbox"/> Call <input type="checkbox"/>		
FINAL SETTLEMENT Date/Time: _____ Confirm with _____ Email <input type="checkbox"/> Call <input type="checkbox"/>		
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 <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]		
GIA/LTA Search S\$ _____		
Medical: S\$ _____		
Disbursement: S\$ _____ (e.g. Tow/ Independent)	1) Claim status: Normal/Reject/Private Settle	
Legal Cost S\$ _____	2) Report Format:	
	3) Survey fee:	
Total: S\$ _____ Global Sum S\$: _____		
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Call <input type="checkbox"/>		
Payee 1: S\$ _____ Name 1: _____		
Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____		
Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____		