15/5/2010

INS. CASE OWNER: LOW Garnet | CC4/HSB23001636/Upa3 | LKK: IDAC: 303227

ASSIGNMENT

Surveyor: MARCUS   DOI: ______   Date / Time : 14.02.2023

Registered in Merimen: ______

Pre-assign / CCU / FTE

Insured Vehicle No. : SHC 1709Y		Claim No. :	S3M04J15
Name of Insured : COMFORT TRANSPORTATION PTE LTD		Policy No. :	P2478218
Insured Tel No. :	HP:	Make / Model :	Toyota Prius
Excess Sec II :S$	D.O.A : 05/02/2023 09:00	Place of Accident :	494A Tampines Street 43, Singapore 521494 MSCP DECK 4B
Is driver the owner? (YES / NO)	Nature of Accident :		

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**

SKK 4175P → ______ → ______ → ______

INSRS: WSP: ZOOM AUTOWERKS PTE LTD Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time		**STAGE**	**DATE / PIC**
SKK 4175P - X		Non-Reporting ltr (1st):	
SHC 1709Y - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By		Non-Reporting ltr (2nd):	
CC3/AIG08007568/YDn 11/04/2008 SHC 1709Y GM 7923P 27/02/2008 14/04/2008 HYN		Non-Reporting ltr (Final):	
CC3/TMI11016406/H1vn 06/09/2011 SHC 1709Y XD 4565E 13/08/2011 05/09/2011 CMJ		Notification ltr (if non-pickup):	
NA/MSG19001349/r3 21/01/2019 CHUA WEI JUN SMG 9500Z SHC 1709Y 19/01/2019 28/01/2019 RBW		Call OI:	
		After call ltr to OI:	

*TP pass lawyer WITH INDEPENDENT SURVEY REPORT
*Submit WP report to HSBC

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**~~ Submit Date/Time: Confirm with: Confirm by:

Repair Cost: L/Sum S$ 11,600.00 (12 days) Reduction: 31 % 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: TP
Legal Cost	S$		3) Survey fee: $200.00
Total:	**S$**	**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:	