15/5/2010

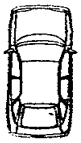
INS. CASE OWNER: LOW Garnet | CC4/HSB23001636/Upa3 | LKK: IDAC: 303227

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

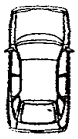
Excess Sec II :S$ _____ D.O.A : 05/02/2023 09:00 Place of Accident : 494A Tampines Street 43, Singapore 521494

Is driver the owner? (YES / NO) Nature of Accident : MSCP DECK 4B

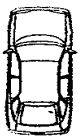
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

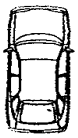
SKK 4175P → _____ → _____ → _____



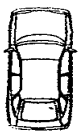
INSRS:
WSP: ZOOM AUTOWERKS PTE LTD
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
SKK 4175P - X		**STAGE** **DATE / PIC**
SHC 1709Y - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By		Non-Reporting ltr (1st):
CC3/AIG08007568/YDn 11/04/2008 SHC 1709Y GM 7923P 27/02/2008 14/04/2008 HYN		Non-Reporting ltr (2nd):
CC3/TMI11016406/H1vn 06/09/2011 SHC 1709Y XD 4565E 13/08/2011 05/09/2011 CMA		Non-Reporting ltr (Final):
NA/MSG19001349/r3 21/01/2019 CHUA WEI JUN SMG 9500Z SHC 1709Y 19/01/2019 20/01/2019 RDW		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:	