15/5/2010

INS. CASE OWNER: OH Vale

CC4/HSB23002378/pa3

LKK:

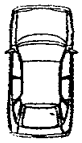
IDAC: 305259

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 06/03/2023

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 8070J

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Insured Tel No. : _____ HP: _____

Excess Sec II :S$ _____ D.O.A : 03/03/2023 17:50

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

If **NO**, Driver Name / Age :

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

Claim No. : S3M04K41

Policy No. : P2478218

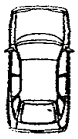
Make / Model : _____

Place of Accident : Bukit Timah Rd, Singapore NEAR KING ALBERT PARK

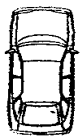
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

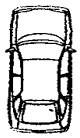
SLX 542J → _____ → _____ → _____



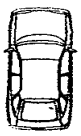
INSRS:
WSP: SM
Tel : AUTOMOTIVE
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
SLX 542J - X	
SHC 8070J - Reference	Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
	CC4/FCI20005161/Aga3q2 21/12/2020 SMM 7227U SHC 8070J 04/01/2020 22/12/2020 DRB
	CS/FCI19004730/Esd3n2 07/05/2019 GBH 9575H SHC 8070J 12/03/2019 07/05/2019 NVT
	NA/AIG20002679/r3 17/02/2020 JOERO SHEMANDER HON JU WOEI SLV 1975L SHC 8070J 16/03/2020 21/02/2020 RBW
	NA/INC19004507/z4 12/03/2019 LIM TEE GUAN GBH 9575H SHC 8070J 12/03/2019 14/03/2019 HZT
	NS/INC13015643/Ytk3 12/11/2013 SHC 8070J SGB 9905L 16/08/2013 14/11/2013 TKC1

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:	