15/5/2010

INS. CASE OWNER: ANG Yvonne

CC4/HSB23002466/Upa3

LKK:

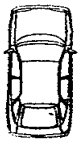
IDAC: 305535

ASSIGNMENT

Surveyor: MARCUS DOI: 08/03/2023 Date / Time : 08/03/2023

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA1674Z Claim No. : S3M04JT4

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

Insured Tel No. : HP: Make / Model : Hyundai Ae ioniq

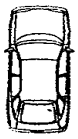
Excess Sec II :S$ D.O.A : 23/02/2023 13:30 Place of Accident : AYE, Singapore

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

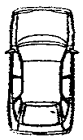
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

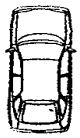
FBL 5152A →



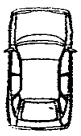
INSRS:
WSP: 2ND AUTO PTE LTD
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
FBL 5152A - X	
SHA 1674Z -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date I/O Created By
	CS/FCI15008396/Dqy3d1 05/06/2015 SHA 1674Z SHA 9732L 19/05/2015 16/06/2015 KYC
	CS/III09025864/Dqr1 25/11/2009 SGQ 8790C SHA 1674Z 10/06/2009 26/11/2009 SSG
	CS/III11025292/Kftk3 14/12/2011 GY 2863Z SHA 1674Z 03/12/2011 15/12/2011 LWL
	CS/INC09013009/Cn 11/09/2009 SHA 1674Z SGN 9120X 10/06/2009 11/09/2009 CPH
	NA/INC09013151/Aw1 12/06/2009 MARC LEE SHAO WEI SGN 9120X SHA 1674Z 10/06/2009 30/06/2009 LCH
	NS/INC11017272/H1fm 08/09/2011 SHA 1674Z PA 8490X 23/08/2011 13/09/2011 LWL

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:	