15/5/2010

INS. CASE OWNER: OH Vale

CC4/ASM23002881/pa3

LKK:

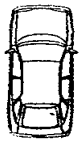
IDAC: 306619

## ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 21.03.2023

Registered in Merimen: _____

**Pre-assign / CCU / FTE**



Insured Vehicle No. : SHC 3224R Claim No. : S3M04KOC

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

Insured Tel No. : _____ HP: _____ Make / Model : Honda CIVIC TYPE-R 2.0 M

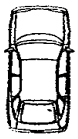
**Excess Sec II :S$** _____ D.O.A : 15/03/2023 00:05 Place of Accident : 222 SUMANG LANE DECK 5A

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

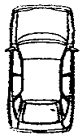
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

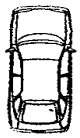
SMX 1996P → _____ → _____ → _____



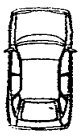
INSRS:
WSP: TEAMWORK
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

| Date/ Time | | STAGE | DATE / PIC |
|---|---|---|---|
| SMX 1996P - X | | Notification ltr (if non-pickup): | |
| SHC 3224R - | Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By | Notification ltr to OI (if non-pickup): | |
| | CC3/III15004932/Kpa3n2 18/09/2015 SHD 5293Y SHC 3224R 18/09/2015 18/09/2015 LSL1 | Notification ltr to OI (if non-pickup): | |
| | CS/ASM22008462/Gvy3m4 17/01/2023 FBS 9559Y SHC 3224R 26/08/2022 18/01/2023 RAP | Notification ltr to OI (if non-pickup): | |
| | NS/INC09024507/Cn 12/11/2009 SHC 3224R GU 4169C 29/10/2009 12/11/2009 CPH | Notification ltr to OI (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: | | |

*HSBC REPUDIATED CLAIM
*SUBMIT WP TO HSBC

| | | | |
|---|---|---|---|
| **PRELIMINARY ADVICE** | Date/Time: | Sent By: | |
| **FINALIZATION** | Date/Time: | Confirm with: | Confirm by: |
| Repair Cost: L/SUM | S$ 3,850.00 ( 3 days) Reduction: 53 % | | 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 /WP |
| Disbursement: | S$ (e.g. Tow/ Independent ) | | 2) Report Format: TP |
| Legal Cost | S$ | | 3) Survey fee: $250.00 |
| **Total:** | **S$** | **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: | |