15/5/2010

INS. CASE OWNER: OH Vale

CC4/ASM23002881/pa3

LKK:

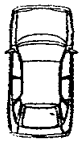
IDAC: 306619

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

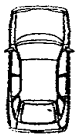
Excess Sec II :S$ _____ D.O.A : 15/03/2023 00:05 Place of Accident : 222 SUMANG LANE DECK 5A

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

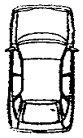
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

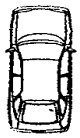
SMX 1996P → _____ → _____ → _____



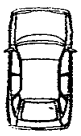
INSRS:
WSP: TEAMWORK
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

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

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:	