15/5/2010

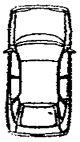
INS. CASE OWNER: HO Winnie | CC4/ASM23003268/Upa3 | LKK: 307516 IDAC:

ASSIGNMENT

Surveyor: MARCUS   DOI: 29.03.2023   Date / Time : 29.03.2023

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :	SHB 4338U	Claim No. :	S3M04KPI
Name of Insured :	COMFORT TRANSPORTATION PTE LTD	Policy No. :	P2478219
Insured Tel No. :	HP:	Make / Model :	Hyundai Ae ioniq
Excess Sec II :S$	D.O.A : 20/03/2023 08:40	Place of Accident :	BKE TOWARDS PIE FROM WOODLANDS
Is driver the owner?	(YES / NO)	Nature of Accident :	

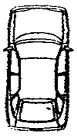
If **NO**, Driver Name / Age : SOH KOK WAH

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

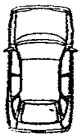
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

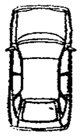
FE 8337 → → →



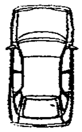
INSRS:
WSP: EROFIA MOTOR
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
FE 8337 - X	
SHB 4338U -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
	CC3/AIG14014096/H1wy3q2 28/08/2014 SHB 4338U SKB 3574A 22/07/2014 03/09/2014 KYS
	CC3/AIG17003005/H1wb3q2 05/04/2017 SHB 4338U GBF 3578A 10/02/2017 07/04/2017 LSP
	CS/FCI16024255/K1gh3m2 13/01/2017 SLH 1903D SHB 4338U 06/12/2016 18/01/2017 CCY
	CS/TMI17016109/K1vbn2 24/08/2017 SHB 4338U SKX 1251D 19/08/2017 24/08/2017 NRH
	CS3/FCI17016228/Wbs2 16/10/2017 SKX 1251D SHB 4338U 19/08/2017 17/10/2017 NRH
	NS/INC10000319/Ch 19/03/2010 SHB 4338U SDE 986G 06/01/2010 19/03/2010 CPH
	NS/INC11023312/H1vn 22/11/2011 SHB 4338U FZ 3748Z 08/11/2011 22/11/2011 TWL
	NS/INC15022404/H1vbn2 01/02/2016 SHB 4338U GZ 2312S 29/12/2015 01/02/2016 CKL
	NS/INC17007041/H1vbn2 24/04/2017 SHB 4338U FBK 2830B 08/04/2017 24/04/2017 CKL

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:	