15/5/2010

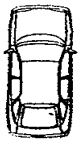
INS. CASE OWNER: HO Winnie | CC4/ASM23003294/Apa3 | LKK: IDAC: 307514

ASSIGNMENT

Surveyor: ADRIAN DOI: _____ Date / Time : 29.03.2023

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SH 6748U Claim No. : S3M04KZ4

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

Insured Tel No. : _____ HP: _____ Make / Model : _____

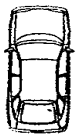
Excess Sec II :S$ _____ D.O.A : 26/03/2023 11:20 Place of Accident : Marymount Ln, Singapore

Is driver the owner? (YES / NO) Nature of Accident : TURN LEFT TO UPPER THOMSON ROAD

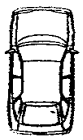
If **NO**, Driver Name / Age : YEONG KIN LAM OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

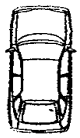
SNH 9162Z → _____ → _____ → _____



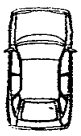
INSRS:
WSP: AUTO UNITED SG PTE LTD
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
SNH 9162Z -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By NBA/CTI23003151/Y 27/03/2023 MOHAMED RIFQI BIN ABDUL JALIL SNH 9162Z SH 6748U 26/03/2023 29/03/2023 RBA
SH 6748U -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By CC3/AIG12024238/H1g2t2q2 15/01/2013 SH 6748U GY 8465A 16/12/2012 16/01/2013 SRS CC3/CTI22012424/Npa3q2 09/01/2023 SH 6748U GBK 993C 05/12/2022 HMK CS/FCI17014886/Ktbn2 10/01/2018 SKD 9290T SH 6748U 29/07/2017 10/01/2018 CKL CS/TMI14014728/H1vm3u2 08/08/2014 SH 6748U SGR 3225X 02/08/2014 11/08/2014 BCA NBA/CTI23003151/Y 27/03/2023 MOHAMED RIFQI BIN ABDUL JALIL SNH 9162Z SH 6748U 26/03/2023 29/03/2023 RBA NJA/INC10013754/k1 13/07/2010 KOO TEO PENG SBT 7753K SH 6748U 12/07/2010 03/08/2010 LLL

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:	