15/5/2010

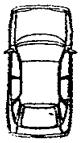
INS. CASE OWNER: KHOR Saw Theng | CC4/ASM23003295/pa3 | LKK: IDAC: 307475

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 29.03.2023

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 3341K | Claim No. : S3M04KR0

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

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

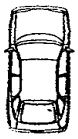
Excess Sec II :S$ _____ D.O.A : 16/03/2023 23:00 | Place of Accident : Choa Chu Kang Rd, Singapore

Is driver the owner? (YES / NO) | Nature of Accident : TOWARDS BUKIT BATOK

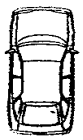
If **NO**, Driver Name / Age : ABDULLAH BIN ALI | OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

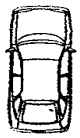
XE 7655D → _____ → _____ → _____



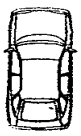
INSRS:
WSP: A T Auto Consultant
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
XE 7655D - X	
SHC 3341K -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By CC3/III18021872/11ha3q2 14/03/2019 SKA 5626B SHC 3341K 30/11/2018 15/03/2019 RMK CC4/III17021779/Dpa3q2 14/02/2018 SGZ 6996S SHC 3341K 09/11/2017 19/02/2018 HMF CC4/III18005767/Uwb3q2 08/10/2018 SLP 8849P SHC 3341K 25/03/2018 09/10/2018 LSP CS/CAI11017226/H1y1k3 26/09/2011 SHC 3341K SJT 5943Y 23/08/2011 28/09/2011 YCC NA/INC17021510/h4 10/11/2017 CHIA FU SAN WILLY(XIE FUSHAN WILLY) SGZ 6996S SHC 3341K 09/11/2017 13/11/2017 LSH NS/INC10013886/R1r1 25/10/2010 SHC 3341K GX 9103T 07/07/2010 25/10/2010 TCT

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:	