15/5/2010

INS. CASE OWNER: KHOR Saw Theng

CC4/ASM23003400/pa3

LKK:

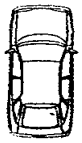
IDAC: 307681

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 31.03.2023

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SHB 6232C Claim No. : S3M04L3M

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

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

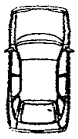
Excess Sec II :S$ _____ D.O.A : 30/03/2023 10:50 Place of Accident : College Rd, Singapore

Is driver the owner? (YES / NO) Nature of Accident : TOWARDS JALAN BUKIT MERAH JUNCTION

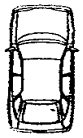
If **NO**, Driver Name / Age : SIM CHENG SIEW OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

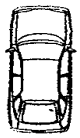
SMR 2414C → _____ → _____ → _____



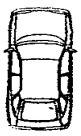
INSRS:
WSP: TWINCAR
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
SMR 2414C -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By NA/CTI21007812/V 21/07/2021 LIM SHEN SMR 2414C XE 6484L 19/07/2021 27/07/2021 TTK NA/CTI23000521/d4 16/01/2023 LIM SHEN SMR 2414C SMQ 7766J 15/01/2023 18/01/2023 NVT NA/CTI23003367/d4 31/03/2023 LIM SHEN SMR 2414C SHB 6232C 30/03/2023 31/03/2023 NVT	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
SHB 6232C -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By CC3/AXA11016287/H1hc3q2 14/12/2011 SHB 6232C SGC 499X 08/08/2011 28/12/2011 TLF CC3/III16024792/Keb3q2 13/11/2017 SHD 55B SHB 6232C 23/12/2016 16/11/2017 LSH CC4/III20001173/Qga3q2 04/05/2020 SJB 5562H SHB 6232C 13/01/2020 06/05/2020 HMK CC4/III20006691/Uga3q2 13/08/2020 FBM 9732U SHB 6232C 22/06/2020 14/08/2020 HMK NA/CTI23003367/d4 31/03/2023 LIM SHEN SMR 2414C SHB 6232C 30/03/2023 31/03/2023 NVT NS/INC13002627/H1y1u2 21/02/2013 SHB 6232C SGG 473Z 05/02/2013 27/02/2013 YCC	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:	