15/5/2010

INS. CASE OWNER:

CC4/HSB23004425/Apa3

LKK:

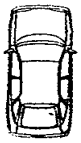
IDAC: 309900

ASSIGNMENT

Surveyor: ADRIAN DOI: Date / Time : 27.04.2023

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 6342Z Claim No. : S3M04M0H

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

Insured Tel No. : HP: Make / Model : Hyundai I40

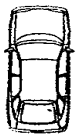
Excess Sec II :S$ D.O.A : 26/04/2023 09:40 Place of Accident : BKE, Singapore

Is driver the owner? (YES / NO) Nature of Accident : BEFORE BUKIT PANJANG EXIT

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

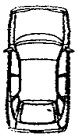
Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SNA 9628J →

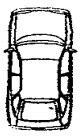


INSRS:
WSP: HD Perfect
Tel : Autowork Pte Ltd
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
SNA 9628J - X	
SHA 6342Z -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By CC4/AIG17022127/M1wa3q2 26/04/2018 SHA 6342Z SLF 8318H 04/11/2017 26/04/2018 HMF CC6/III17002496/Aha3q2 26/05/2017 GBD 1162P SHA 6342Z 06/02/2017 30/05/2017 HMK NA/RSI09020846/r 16/09/2009 CHOO KIM GEOK SFM 5798J SHA 6342Z 15/09/2009 17/09/2009 LWO NS/INC19006399/K1qd3n2 18/04/2019 SHA 6342Z SJR 7841E 08/04/2019 18/04/2019 LST1

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:	