15/5/2010

INS. CASE OWNER: LOW Garnet

CC4/HSB23004426/pa3

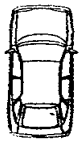
LKK: IDAC: 310089

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 02.05.2023

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SH 6843C Claim No. : S3M04M2C

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

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

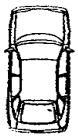
Excess Sec II :S$ _____ D.O.A : 27/04/2023 16:15 Place of Accident : TUAS AVE 10

Is driver the owner? (YES / NO) Nature of Accident : _____

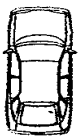
If **NO**, Driver Name / Age : VINCENT FOK KAH HENG OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

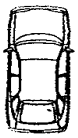
XE 1576M → _____ → _____ → _____



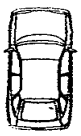
INSRS:
WSP: R&S Autoclaim Pte. Ltd.
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
XE 1576M - X	
SH 6843C - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By	
CC3/AIG13003363/H1rb3q2 15/09/2014 SH 6843C SGM 8441G 16/02/2013 16/09/2014 SRS	
CC3/III15005223/K1ya3c2 26/04/2016 SHD 624J SH 6843C 26/03/2015 27/04/2016 BPI	
CC4/III18022753/T1ga3q2 16/04/2020 SHA 9261D SH 6843C 17/12/2018 20/04/2020 SP	
CS/ASM22011187/Kvp3e2 20/03/2023 GBH 4088E SH 6843C 04/11/2022 21/03/2023 RAP	
CS/TP08012181/Vfz1 21/08/2008 SH 6843C 19/02/2008 26/08/2008 SCN	
CS3/HSB23002407/Twp3m4 10/03/2023 FBD 4274E SH 6843C 17/02/2023 10/03/2023 RAP	
CS3/HSB23002716/Wqp3e2 29/03/2023 SLT 6117K SH 6843C 08/03/2023 03/04/2023 RAP	

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:			