15/5/2010

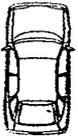|			LKK:	
INS. CASE OWNER:	OH Vale	CC4/HSB23004674/pa3	IDAC:	310442

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 04/05/2023

Registered in Merimen: _____
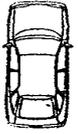
Pre-assign / CCU / FTE

Insured Vehicle No. : SHA 5955L   Claim No. : S3M04M5A

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 : 01/05/2023 11:10 Place of Accident : Tampines Street 22, Singapore

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

If **NO**, Driver Name / Age : _____ OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

SMM 9375L ⟶   ⟶   ⟶

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

Date/ Time		STAGE	DATE / PIC
SMM 9375L - X		Non-Reporting ltr (1st):	Date Created By
SHA 5955L -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date	Non-Reporting ltr (2nd):	
	CC4/III17017605/Kfa3q2 17/10/2018 SJL 4794J SHA 5955L 11/09/2017 19/10/2018 HMK	Non-Reporting ltr (Final):	HMK
	CC4/III19010384/Kpa3q2 28/09/2020 SLC 785K SHA 5955L 08/06/2019 28/09/2020 LSR	Notification ltr (if non-pickup):	
	CC4/III19012700/Kea3q2 13/02/2020 SHD 5414R SHA 5955L 17/07/2019 14/02/2020 HMK	Call OI:	
	CS/III09008666/Dfg1 04/05/2009 GZ 8503T SHA 5955L 23/01/2009 06/05/2009 CYY	After call ltr to OI:	
	CS/TMI21011094/T1uf3n2 26/11/2021 SHA 5955L SLM 3664D 28/10/2021 26/11/2021 CYY	06/04/2009 LCH	
	NA/INC09007155/w1 02/04/2009 YEO HUI MING STACY FBD 1702G SHA 5955L 31/03/2009		

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:	