15/5/2010

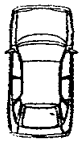
INS. CASE OWNER: OH Vale | CC4/HSB23004749/pa3 | LKK: IDAC: 310759

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 09.05.2023

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SHD 3058Z | Claim No. : S3M04M7L

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

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

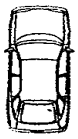
Excess Sec II :S$ _____ D.O.A : 02/05/2023 16:45 | Place of Accident : Race Course Rd, Singapore

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

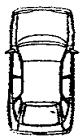
If **NO**, Driver Name / Age : LEW NAM CHER | OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

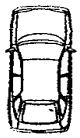
GBM 3311R → _____ → _____ → _____



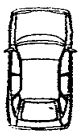
INSRS:
WSP: N-51
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
GBM 3311R - X	
SHD 3058Z -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By CS/FCI16023469/Gvbm2 13/02/2017 GR 838Y SHD 3058Z 02/12/2016 14/02/2017 CKL CS/FCI17019664/Ktbe2 21/11/2017 GY 2721A SHD 3058Z 03/10/2017 08/12/2017 CKL CS/FCI18001437/T1rd3e2 16/03/2018 SLA 3154Y SHD 3058Z 19/01/2018 20/03/2018 NYT CS/MSG15000943/H1vj3u2 23/01/2015 SHD 3058Z GT 7100K 15/01/2015 27/01/2015 KYP NA/CTI16023021/r3 05/12/2016 ANG SER HAI GR 838Y SHD 3058Z 02/12/2016 12/12/2016 RBW NA/MSG15000885/r3 15/01/2015 YUSOP BIN SA'AT GT 7100K SHD 3058Z 15/01/2015 21/01/2015 RBW

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:	