15/5/2010

INS. CASE OWNER: HO Winnie

CC4/HSB23005120/pa3

LKK:

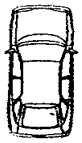
IDAC: 311464

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 19.05.2023

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SH 7425U Claim No. : S3M04LO1

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

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

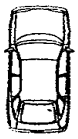
Excess Sec II :S$ _____ D.O.A : 15.04.2023 15:30 Place of Accident : Bras Basah Rd, Singapore

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

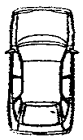
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

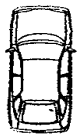
GBM 5413S → _____ → _____ → _____



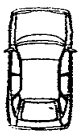
INSRS:
WSP: MG SOLUTION
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
GBM 5413S -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By NS/INC23004333/Sqp3 27/04/2023 SH 7425U GBM 5413S 15/04/2023 RAP
SH 7425U -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By CC3/AIG10002849/Fa2jr1 16/06/2010 SH 7425U YL 1632K 03/02/2010 18/06/2010 NBA CC3/AIG18009729/K1ea3q2 19/07/2018 SH 7425U SLT 1164G 26/05/2018 24/07/2018 HMK CS/INC08027173/Ced1 17/10/2008 SH 7425U SDG 8608K 02/10/2008 20/10/2008 ABH CS/INC09020156/Yn 01/10/2009 SH 7425U SFK 8128J 05/09/2009 01/10/2009 TFC CS/TMI22012239/Nny3q2 16/12/2022 SH 7425U SMF 7946P 02/12/2022 16/12/2022 NMY NS/INC17015376/K1gbn2 30/08/2017 SH 7425U SJX 2615T 07/08/2017 04/09/2017 LAP NS/INC23004333/Sqp3 27/04/2023 SH 7425U GBM 5413S 15/04/2023 RAP

STA CE	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:	