15/5/2010

INS. CASE OWNER: HO Winnie

CC4/HSB23005161/Upa3

LKK:

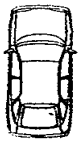
IDAC: 311656

ASSIGNMENT

Surveyor: MARCUS DOI: _____ Date / Time : 22/05/2023

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SHD 6897Z Claim No. : S3M04MPA

Name of Insured : COMFORT TRANSPORTATION PTE LTD Policy No. : P2478219

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

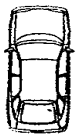
Excess Sec II :S$ _____ D.O.A : 21.05.2023 14:20 Place of Accident : _____

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

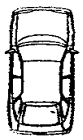
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

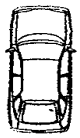
SMH 8728K → _____ → _____ → _____



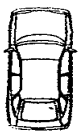
INSRS:
WSP: SPEEDWERKZ PTE LTD
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
SHD 6897Z - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By		**DATE / PIC**
CC4/FCI20001010/Eea3n2 22/05/2020 SLB 3823U SHD 6897Z 11/01/2020 22/05/2020 HMK		Non-Reporting ltr (1st):
CS/FCI18016020/Uqbn2 17/01/2019 SLH 4552M SHD 6897Z 30/08/2018 17/01/2019 CKL		Non-Reporting ltr (2nd):
CS/FCI18018874/Urbn2 07/11/2018 SKZ 5877L SHD 6897Z 17/10/2018 07/11/2018 CKL		Non-Reporting ltr (Final):
NA/AIG18013887/h4 17/10/2018 CHUA LI YEE JULIA SKZ 5877L SHD 6897Z 17/10/2018 19/10/2018 LSH		
SMH 8728K - X		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:
PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos:
		Others:

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:	