15/5/2010

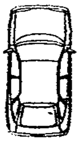
INS. CASE OWNER: KHOR Saw Theng | CC4/HSB23005427/Kpa3 | LKK: | IDAC: 312331

ASSIGNMENT

Surveyor: KENNETH   DOI: ________   Date / Time : 29.05.2023

Registered in Merimen: ________

Pre-assign / CCU / FTE



Insured Vehicle No. : SHD 4509H   Claim No. : S3M04MVU

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

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

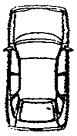
Excess Sec II :S$ ________   D.O.A : 28/05/2023   Place of Accident : ________

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

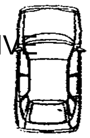
If **NO**, Driver Name / Age :   OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

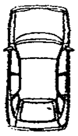
SKP 8687B ⟶ ________ ⟶ ________ ⟶ ________



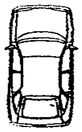
INS RS:
WSP: TSR AUTOMOTIVE PTE LTD
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
SKP 8687B - X	
SHD 4509H - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By	
CS/FCI15018039/R1vbs2 02/12/2015 SDH 8378T SHD 4509H 21/1[illegible]/2015 04/12/2015 CCY	
CS/FCI16000877/H1qh3c2 04/02/2016 SHB 8924B SHD 4509H 12/01/2016 05/02/2016 CCY	
CS3/ASM23000382/Tvp3m4 17/01/2023 FBR 718U SHD 4509H 04/01/2023 18/01/2023 RAP	
NS/INC15006322/H1vbd1 23/04/2015 SHD 4509H SJC 5008L 13/04/2015 23/04/2015 CKL	
NS/INC22003187/Vvcn2 28/04/2022 SHD 4509H FBN 2495U 04/04/2022 28/04/2022 FWL	

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:	