15/5/2010

INS. CASE OWNER: HO Winnie

CC4/HSB23006121/pa3

LKK:

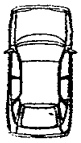
IDAC: 313579

ASSIGNMENT

Surveyor: ADRIAN DOI: Date / Time : 15.06.2023

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SHB 6226X Claim No. : S3M04NA0

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

Insured Tel No. : HP: Make / Model : Honda Shuttle

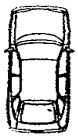
Excess Sec II :S$ D.O.A : 09/06/2023 18:30 Place of Accident : Pasir Ris Dr 8, Singapore

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

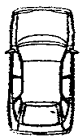
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

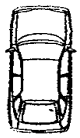
SMP 6357T → → →



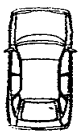
INSRS:
WSP: FC Garage
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
SMP 6357T - X		
SHB 6226X -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By	
	CC3/AIG08033746/Ygj 16/02/2009 SHB 6226X SBR 2211B 24/12/2008 19/02/2009 TMO	
	CC3/FCI16014067/Kqh3n2 01/08/2016 SHD 9412U SHB 6226X 27/07/2016 02/08/2016 CCY	
	CC3/TMI12002633/H1qn 16/02/2012 SHB 6226X GW 5438J 06/02/2012 16/02/2012 SSC	
	CC4/AXA17010614/M1wb3q2 28/12/2017 SHB 6226X SGP 9501U 29/05/2017 29/12/2017 LSP	
	CC4/FCI20002007/Ada3q2 26/03/2020 SLL 1467A SHB 6226X 30/01/2020 27/03/2020 HMK	
	CS/FCI18003472/T1vd3e2 10/04/2018 SLH 2088A SHB 6226X 20/02/2018 11/04/2018 NVT	
	CS/FCI18019428/R1sd3s2 14/01/2019 FBE 7205E SHB 6226X 11/10/2018 08/04/2019 NVT	
	NA/MSG19014736/z4 22/08/2019 WANG XIAOGUO WC 4395X SHB 6226X 21/08/2019 22/08/2019 DZT	
	NBA/GAI18018572/Y 12/10/2018 DANIAL HAZIQ BIN AZMAN FBE 7205E SHB 6226X 12/10/2018 19/10/2018 RBA	

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:	