15/5/2010

INS. CASE OWNER: LOH Cynthia

CC4/HSB23006140/pa3

LKK:

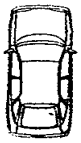
IDAC: 313636

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 16.06.2023

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 4525B

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Insured Tel No. : _____ HP: _____

Excess Sec II :S$ _____ D.O.A : 07/06/2023 17:03

Is driver the owner? (YES / NO)

Claim No. : S3M04N9C

Policy No. : P2478218

Make / Model : _____

Place of Accident : _____

Nature of Accident : _____

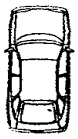
If **NO**, Driver Name / Age : TAN BEE WEE (CHEN MEIWEI)

Driver Tel No. : (V/L: YES / NO)

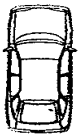
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

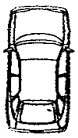
SLE 7656T → _____ → _____ → _____



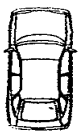
INSRS:
WSP: FC Garage
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
SLE 7656T -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By NS/INC23005930/Tqp3 12/06/2023 SHA 4525B SLE 7656T 12/06/2023 RAP
SHA 4525B -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By CC4/III20005764/Dea3q2 15/03/2021 FBE 1840K SHA 4525B 30/03/2020 16/03/2021 HMK CS/UOI11023258/H1fk3 01/12/2011 SHA 4525B SJX 6437P 11/11/2011 06/12/2011 LPY CS3/ASM21003156/T1vf3e2 17/03/2021 SLS 60J SHA 4525B 08/03/2021 18/03/2021 LST NA/INC20004679/h4 30/03/2020 ISKANDAR BIN AB WAHAB FBE 1840K SHA 4525B 30/03/2020 01/04/2020 LSH NBA/AIG21003106/Y 09/03/2021 NIGEL SOON YU XUAN SLS 60J SHA 4525B 08/03/2021 20/03/2021 RBA NS/INC23005930/Tqp3 12/06/2023 SHA 4525B SLE 7656T 12/06/2023 RAP

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
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:	