15/5/2010

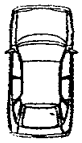
INS. CASE OWNER: KHOR Saw Theng | CC4/HSB23006283/Apa3 | LKK: IDAC: 314117

ASSIGNMENT

Surveyor: ADRIAN DOI: Date / Time : 21.06.2023

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SH 9303A Claim No. : S3M04NIM

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

Insured Tel No. : HP: Make / Model : Toyota PRIUS

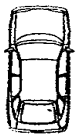
Excess Sec II :S$ D.O.A : 19/06/2023 18:00 Place of Accident : 635 Woodlands Ring Rd, Singapore 730635

Is driver the owner? (YES / NO) Nature of Accident : RUBBISH CHUTE BIN AREA

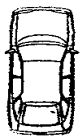
If **NO**, Driver Name / Age : SOH LAI HUAT OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

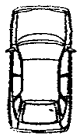
SKS 1307D → → →



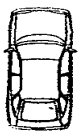
INSRS:
WSP: F-1 Autoclinic
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
SKS 1307D -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By CC4/AIG16014288/Aya3s2 18/08/2017 SKU 8550K SKS 1307D 01/08/2016 21/08/2017 HMK	Non-Reporting ltr (1st):	
SH 9303A -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By ~~CC3/III16023066/R1eb3q2 26/04/2018 SLA 4737J SH 9303A 30/11/2016 27/04/2018 LSP~~ ~~CC4/III17008733/Kya3q2 08/02/2018 GT 1874A SH 9303A 29/04/2017 12/02/2018 LSH1~~	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:	