15/5/2010

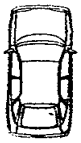
INS. CASE OWNER: TEO Kitty | CC4/HSB23006483/Apa3 | LKK: IDAC: 314313

ASSIGNMENT

Surveyor: ADRIAN DOI: _____ Date / Time : 27.06.2023

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 8633K Claim No. : S3M04NC5

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

Insured Tel No. : _____ HP: _____ Make / Model : Hyundai I40

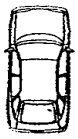
Excess Sec II :S$ _____ D.O.A : 13/06/2023 09:00 Place of Accident : Nicoll Hwy, Singapore

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

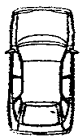
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

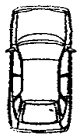
GBD 8631G → _____ → _____ → _____



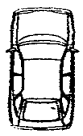
INSRS:
WSP: MG SOLUTION
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
GBD 8631G - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By	
CV/SFL17024510/R1Cc 28/12/2017 GBD 8631G 29/12/2017 FWL	
NS/INC23006019/Tnp3 14/06/2023 SHC 8633K GBD 8631G 13/06/2023 RAP	
SHC 8633K - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By	
CC3/AXA11024677/H1ec3c1 15/03/2012 SHC 8633K SGC 2439G 29/11/2011 19/03/2012 TEE	
CC6/III17016333/Aub3q2 27/12/2017 SJA 8825K SHC 8633K 20/08/2017 29/12/2017 LSP	
CS/CAI12009217/H1fn 27/07/2012 SHC 8633K YL 1471H 07/05/2012 27/07/2012 LPY	
NA/AIG12009146/w1 08/05/2012 ALVIN TAN SHI CHUAN SKC 2572G SHC 8633K 07/05/2012 14/05/2012 LCH	
NS/INC23006019/Tnp3 14/06/2023 SHC 8633K GBD 8631G 13/06/2023 RAP	

GIA Created By	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:	