15/5/2010

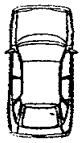
INS. CASE OWNER: TEO Kitty | CC4/HSB23006486/pa3 | LKK: IDAC: 314299

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 27.06.2023

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SHD 4144B | Claim No. : S3M04NN8

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

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

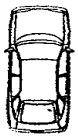
Excess Sec II :S$ _____ D.O.A : 25/06/2023 05:05 | Place of Accident : Upper Changi Rd E, Singapore

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

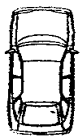
If **NO**, Driver Name / Age : | OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

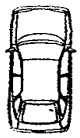
SLC 1202U → _____ → _____ → _____



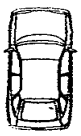
INSRS:
WSP: JL PERFECT AUTOWORK PTE LTD
Tel :
Liability
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
SLC 1202U - X		**STAGE** **DATE / PIC**
SHD 4144B -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By	Non-Reporting ltr (1st):
	~~CC3/AIG15013948/H1ya3q2 18/01/2016 SHD 4144B SKU 4095J 15/08/2015 20/01/2016 DIS~~	Non-Reporting ltr (2nd):
	~~CC4/III16000712/R1jb3q2 26/04/2016 SGD 2268C SHD 4144B 09/01/2016 28/04/2016 LSP~~	Non-Reporting ltr (Final):
	~~CS3/III16004879/Gbc2 17/05/2016 JJT 3152 SHD 4144B 12/03/2016 18/05/2016 CKL~~	Notification ltr (if non-pickup):
	~~CS3/III16004879/M1qh3s2-1 18/11/2016 JJT 3152 SHD 4144B 12/03/2016 21/11/2016 CCY~~	Call OI:
	~~NS/INC14011804/H1tbc3 01/07/2014 SHD 4144B FBC 3097L 23/06/2014 01/07/2014 CKL~~	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:
PRELIMINARY ADVICE	Date/Time: Sent By:	Post-Repair Photos:
		Others:

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:	