15/5/2010

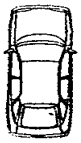
INS. CASE OWNER: OH Vale | CC4/HSB23006732/Apa3 | LKK: IDAC: 314650

ASSIGNMENT

Surveyor: ADRIAN DOI: Date / Time : 04.07.2023

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 2097H Claim No. : S3M04NU9

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

Insured Tel No. : HP: Make / Model :

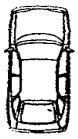
Excess Sec II :S$ D.O.A : 04.07.2023 11:40 Place of Accident :

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

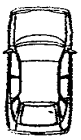
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

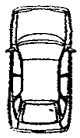
GBF 1922C → → →



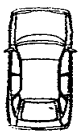
INSRS: N-51 AUTOMOTIVE PTE LTD
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
GBF 1922C - X	
SHA 2097H - Reference Entry	Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
~~CC3/AIG12015605/H1b1t2q2~~	~~20/12/2012 SHA 2097H SDX 380D 06/08/2012 03/01/2013 SBS~~
~~CS/FCI10015743/Rvg1~~	~~01/10/2010 EW 628J SHA 2097H 24/07/2010 04/10/2010 CMJ~~
CS/FCI18007077/T1qbn2	13/06/2018 SGR 9612Y SHA 2097H 11/04/2018 13/06/2018 CKL
CS/TMI23003143/Tqy3q2	23/05/2023 SHA 2097H SMG 2768P 24/03/2023 23/05/2023 NMY
~~NS/INC15017726/H1vbn2~~	~~12/01/2016 SHA 2097H SKR 8284U 17/10/2015 12/01/2016 CKL~~

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:	