15/5/2010

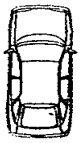
INS. CASE OWNER: KHOR Saw Theng | CC4/HSB23006970/pa3 | LKK: IDAC: 315035

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 10.07.2023

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SHD 7126J | Claim No. : S3M04MX9

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

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

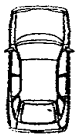
Excess Sec II :S$ _____ D.O.A : 29/05/2023 19:30 | Place of Accident : KPE

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

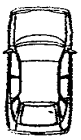
If **NO**, Driver Name / Age : MOHAMED FADEL BIN MOHAMED ARSHAD | BOLA GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

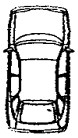
FBH 6608S → _____ → _____ → _____



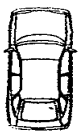
INSRS:
WSP: Carworkz SG Pte Ltd
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
FBH 6608S - X	
SHD 7126J - Reference	Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
	CC3/TMI17004371/M1rh3m2 15/03/2017 SHD 7126J SJP 1132T 01/03/2017 17/03/2017 CCY
	CI/TPD18016125/Zc 21/12/2018 SHD 7126J 02/08/2018 21/12/2018 FWL
	CS/FCI18014371/Ntd3e2 23/11/2018 GBE 5150S SHD 7126J 02/08/2018 26/11/2018 NVT
	CS3/FCI19012203/Kcf3s2 06/08/2019 SLJ 7784E SHD 7126J 26/06/2019 07/08/2019 ATS

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:	