15/5/2010

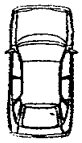
INS. CASE OWNER: LOW Garnet | CC4/HSB23007043/Apa3 | LKK: IDAC: 315167

ASSIGNMENT

Surveyor: ADRIAN DOI: 12/07/2023 Date / Time : 12.07.2023

Registered in Merimen: ——

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 1695M Claim No. : S3M04NZD

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

Insured Tel No. : HP: Make / Model :

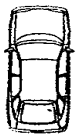
Excess Sec II :S$ D.O.A : 10/07/2023 18:05 Place of Accident : PIE CHANGI BEFORE KALLANG WAY EXIT

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

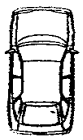
If **NO**, Driver Name / Age : CHUA SOH KHOON OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

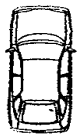
SKR 7927E → → →



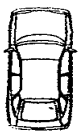
INSRS: AUTO UNITED SG PTE LTD
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
SKR 7927E - X		
SHA 1695M -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By	
	CC3/III20005245/T1ds3s2 16/09/2020 SDW 74T SHA 1695M 15/04/2020 16/09/2020 LSL1	
	CS/AGI21009894/Dqf3n2 24/05/2022 SHA 1695M SME 1454L 21/09/2021 25/05/2022 LST1	
	CS/III17024498/Uvbn2 08/01/2018 SKG 3958A SHA 1695M 21/12/2017 09/01/2018 GKL	
	NS/INC16023874/H1gh3n2 09/01/2017 SHA 1695M SJB 6888L 12/12/2016 09/01/2017 CCY	
	NS/INC20011528/Esd3e2 16/11/2020 SHA 1695M SLD 9665J 19/10/2020 17/11/2020 NVT	

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:	