15/5/2010

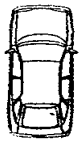
INS. CASE OWNER: KHOR Saw Theng | CC4/HSB23007114/pa3 | LKK: IDAC: 315203

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 13.07.2023

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SHD 6583D | Claim No. : S3M04O0S

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

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

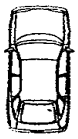
Excess Sec II :S$ _____ D.O.A : 12/07/2023 | Place of Accident : 15 Yishun Street 51 (The Criterion) Carpark

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

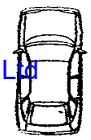
If **NO**, Driver Name / Age : | OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

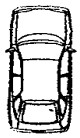
SLE 2253E → _____ → _____ → _____



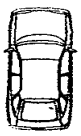
INSRS:
WSP: T K Lee
Tel : Automotive Pte Ltd
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
SLE 2253E - X	
SHD 6583D - Reference Entry	Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created B
	CC3/EQI17007560/H1ha3q2 18/11/2019 SHD 6583D SKM 3459S 12/04/2017 20/11/2019 HMK
	CC3/III18008856/T1ua3q2 04/10/2018 SLZ 1511G SHD 6583D 12/05/2018 09/10/2018 HMK
	CC4/AXA16021008/H1pb3s2 29/11/2016 SHD 6583D SKG 9890X 03/11/2016 29/11/2016 LSP
	NS/INC21010459/Vtce2 19/10/2021 SHD 6583D SMP 7877C 02/10/2021 20/10/2021 FWL

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:		