INS. CASE OWNER:	TEO Kitty	CC4/HSB23007293/Apa3	LKK:	
			IDAC:	315592

ASSIGNMENT

Surveyor: **ADRIAN**   DOI: _____   Date / Time : **19.07.2023**

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : **SHD 3514Z**   Claim No. : **S3M04O81**

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

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

Excess Sec II :S$ _____ D.O.A : **15/07/2023 11:18**   Place of Accident : **Bedok North Ave 4, 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**

GBB 7689H →

INSRS: WSP: **J-MART** Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:		INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time		
GBB 7689H - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date		
CC3/AIG10024509/R1jk2g1 22/02/2011 SHB 1242G GBB 7689H 30/11/2010 25/02/2011		
NA/CTI19006767/h4 16/04/2019 AMANDA JONG QIAN HUI GBB 7689H SBS 3049S 15/04/2019 23/04/2019 LSH		
SHD 3514Z - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date		
CC3/LPC18005067/K1ea3n2 19/09/2019 SHD 3514Z SKV 2736B 15/03/2018 20/09/2019		
CC6/III16002942/M1ya3q2 13/02/2018 SGM 614C SHD 3514Z 05/02/2016 13/02/2018		
NS/INC18014795/K1rbn2 28/08/2018 SHD 3514Z SLA 7725Z 13/08/2018 01/09/2018 CK		

STAGE		DATE / PIC
Created By		MRB
Non-Reporting ltr (1st):		23/04/2019 LSH
Non-Reporting ltr (2nd):		
Date Created By (Final):		GMF
Notification ltr (if non-pickup):		LSH1
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:	