15/5/2010

INS. CASE OWNER: LOW Garnet

CC4/HSB23007449/pa3

LKK:

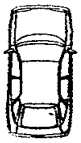
IDAC: 315740

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 24.07.2023

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 3339D Claim No. : S3M04OBJ

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

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

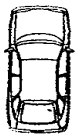
Excess Sec II :S$ _____ D.O.A : 21/07/2023 14:15 Place of Accident : TPE, Singapore

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

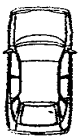
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

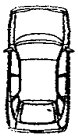
SKS 4783S → _____ → _____ → _____



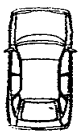
INSRS:
WSP: SpeedWerkz Pte Ltd
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
SKS 4783S - X	
SHA 3339D -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By CC3/AIG15015972/H1pb3q2 15/12/2015 SHA 3339D SJM 6808K 19/09/2015 18/12/2015 LSP CC3/AXA11000542/Faf2k2 06/05/2011 SHA 3339D SFZ 7620G 03/01/2011 10/05/2011 KWS CC4/ASM21004155/Aba3q2 13/07/2021 SLQ 8851B SHA 3339D 28/03/2021 14/07/2021 HMK CS/FCI17021428/Grbe2 04/01/2018 SLE 1774A SHA 3339D 03/11/2017 05/01/2018 NVT NA/AIG21004077/h4 30/03/2021 LEOW YIH SHYAN SLQ 8851B SHA 3339D 28/03/2021 15/04/2021 LSH NS/INC16024976/H1vbn2 12/01/2017 SHA 3339D GZ 9000X 30/12/2016 13/01/2017 CKL

STAGE	**DATE / PIC**
Date 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:		