15/5/2010

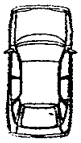
INS. CASE OWNER: KHOR Saw Theng | CC4/HSB23007482/Apa3 | LKK: IDAC: 315803

ASSIGNMENT

Surveyor: ADRIAN DOI: _____ Date / Time : 24.07.2023

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SH 6314M Claim No. : S3M04OD4

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

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

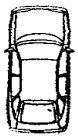
Excess Sec II :S$ _____ D.O.A : 22.07.2023 15:00 Place of Accident : _____

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

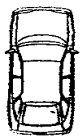
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

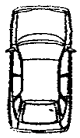
SNK 5792R → _____ → _____ → _____



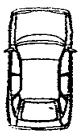
INSRS:
WSP: TWINCAR
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
SNK 5792R - X	
SH 6314M - Reference	Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Closed Date Created By
	CC3/AIG13000180/H1a2a3y 18/02/2013 SH 6314M ER 8268M 30/12/2012 19/02/2013 HMK
	CC3/AXA12017986/H1ey3c3 16/09/2013 SH 6314M SFQ 6081R 11/09/2012 20/09/2013 GCL
	CC3/III18007427/Neb3q2 23/08/2018 SHC 6794S SH 6314M 19/04/2018 23/08/2018 LSP
	CC3/III18007427/Nes3q2-1 19/04/2021 SHC 6794S SH 6314M 19/04/2018 20/04/2021 LSL1
	CC4/III17009271/R1ha3q2 27/07/2017 SKW 2810P SH 6314M 10/05/2017 02/08/2017 HMK
	CS/FCI13006774/H1y1k3 24/04/2013 SH 6314M SHA 3630L 07/04/2013 30/04/2013 YCC
	NS/INC18007408/Nrbn2 04/05/2018 SH 6314M SHC 6794S 19/04/2018 04/05/2018 OKL

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:		