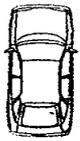


INS. CASE OWNER:

ASSIGNMENT

Surveyor: TAUFIKH DOI: 28/01/2021 Date / Time : 26/01/2021
Registered in Merimen: _____

Pre-assign / CCU / FTE

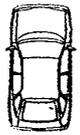
Insured Vehicle No. : SHD 3102D Claim No. : S1M031A7
Name of Insured : COMFORT TRANSPORTATION PTE LTD Policy No. : P2420438
Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II : S\$ _____ D.O.A : 15/01/2021 23:25 Place of Accident : TO BEDOK NORTH ROAD
Is driver the owner? (YES / NO) Nature of Accident : _____

If NO, Driver Name / Age :

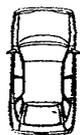
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

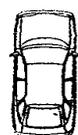
(V/L: YES / NO)

Insured Liability : % **Final ? Yes / No****SLV 5938D**

INSRS: **BLACK EAGLE**
WSP: **AUTO**
Tel : **PTE. LTD.**
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SLV 5938D - NBA/INC21000825/Y ; 15.01.2021	Non-Reporting ltr (1st):	
	SHD 3102D - CC3/AIG13011893/M1a2a3y ; 01/07/2013	Non-Reporting ltr (2nd):	
	CC3/AXA13010098/H1pb3c3 ; 03/06/2013	Non-Reporting ltr (Final):	
	CC4/III16008136/Fpa3q2 ; 27/04/2016	Notification ltr (if non-pickup):	
	NBA/LIP16007941/Y ; 27/04/2016	Call OI:	
	NS/INC10025243/R1g1 ; 12/12/2010	After call ltr to OI:	
	NS/INC18022981/Nqbe2 ; 19/12/2018	Documentation Check List:	Handler Typist
	NS/INC20014656/T1td3e2 ; 23/12/2020	Notification ltr (if non-pickup)	<input type="checkbox"/>
		After call ltr to OI:	<input type="checkbox"/>
		Authorisation To Act:	<input checked="" type="checkbox"/>
		Release Voucher:	<input checked="" type="checkbox"/>
		Final Repair Bill:	<input checked="" type="checkbox"/>
		Car Rental Invoice:	<input checked="" type="checkbox"/>
		Towing Invoice	<input type="checkbox"/>
<u>03/08/2021</u>	<u>SETTLED AND CLOSED / NO PHY FILE</u>	LTA / GIA :	<input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/>
		PIR:	<input type="checkbox"/>
		Mandate/Reject Instruction:	<input checked="" type="checkbox"/>
		LOD	<input checked="" type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/>
PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos:	<input type="checkbox"/>
		Others: PAYNOW FORM	<input checked="" type="checkbox"/>
FINALIZATION Date/Time:	Confirm with:	Confirm by:	
Repair Cost: L/S S\$ 1,900.00 (4 days) Reduction: 71 %		Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
FINAL SETTLEMENT Date/Time: 31/07/2021 Confirm with WKSP		Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Final Liability: % 50 (Agreed / Assessed) BOLA S/N No. : NIL		If NO or B 28, Ass. Lia :	
Repair Cost: 1,900.00 S\$ 950.00			
Loss of Rental (LOR): 400.00 S\$ 200.00 (4 days) X \$100.00			BOTH CHANGE LANE
Loss of Use (LOU): S\$ (\$ x days)			
Loss of Income (LOI): S\$ (\$ x days)			
LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [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: TP	
Legal Cost S\$		3) Survey fee: \$350.00	
Total: S\$ 1,150.00	Global Sum S\$: 1,050.00		
FINAL PAYMENT Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>	
Payee 1: S\$ 1,050.00	Name 1: BLACK EAGLE AUTO PTE LTD		
Payee 2: (Strike if N.A.) S\$	Name 2:		
Payee 3: (Strike if N.A.) S\$	Name 3:		