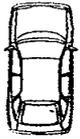


INS. CASE OWNER:

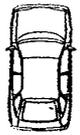
ASSIGNMENT

Surveyor: ADRIAN DOI: 01/04/2021 Date / Time : 31/03/2021
Registered in Merimen: _____

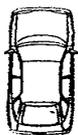
Pre-assign / CCU / FTE

Insured Vehicle No. : SHA 3339D Claim No. : S1M036UB
Name of Insured : COMFORT TRANSPORTATION PTE LTD Policy No. : P2426680
Insured Tel No. : _____ HP: _____ Make / Model : HYUNDAI IONIQ
Excess Sec II : S\$ _____ D.O.A : 28/03/2021 19:40 (Place of Accident : Elias Rd, Singapore
Is driver the owner? (YES / NO) Nature of Accident : _____

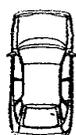
If NO, Driver Name / Age : _____ OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
Driver Tel No. : _____ (V/L: YES / NO) Insured Liability : _____ % Final ? Yes / No

SLQ 8851B

INSRS: _____
WSP: Xin Hua
Tel : Workshop
Liability : Pte Ltd
RMKS: _____



INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____

Date/ Time		STAGE	DATE / PIC
	<u>SLQ 8851B - NA/AIG18004132/h4 ; 28/02/2018</u>	Non-Reporting ltr (1st):	
	<u>NA/AIG21004077/h4 ; 28/03/2021</u>	Non-Reporting ltr (2nd):	
	<u>SHA 3339D - CC3/AIG15015972/H1pb3q2 ; 19/09/2015</u>	Non-Reporting ltr (Final):	
	<u>CC3/AXA11000542/Faf2k2 ; 03/01/2011</u>	Notification ltr (if non-pickup):	
	<u>CS/FC117021428/Grbe2 ; 03/11/2017</u>	Call OI:	
	<u>NA/AIG21004077/h4 ; 28/03/2021</u>	After call ltr to OI:	
	<u>NS/INC16024976/H1vbn2 ; 30/12/2016</u>	Documentation Check List:	Handler Typist
		Notification ltr (if non-pickup)	<input type="checkbox"/>
		After call ltr to OI:	<input checked="" 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"/>
		LTA / GIA :	<input checked="" type="checkbox"/>
<u>01/07/2021</u>	<u>SETTLED AND CLOSED / NO PHY FILE</u>	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:	<input type="checkbox"/>
FINALIZATION	Date/Time: _____ Confirm with: _____	Confirm by:	
Repair Cost: <u>L/S</u>	S\$ <u>3,100.00</u> (<u>5</u> days) Reduction: <u>69.51</u> %	Email <input checked="" type="checkbox"/>	Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time: <u>21/06/2021</u> Confirm with <u>KERRY</u>	Email <input checked="" type="checkbox"/>	Call <input type="checkbox"/>
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>27</u>	If NO or B 28, Ass. Lia :	
Repair Cost: (W/GST)	S\$ <u>3,317.00</u>		
Loss of Rental (LOR):	S\$ <u>700.00</u> (<u>7</u> days) X \$100.00		
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\$ <u>7.45</u>		
Medical:	S\$	1) Claim status: <u>Normal/Reject/Private Settle</u>	
Disbursement:	S\$ (e.g. Tow/ Independent)	2) Report Format: <u>TP</u>	
Legal Cost	S\$	3) Survey fee: <u>\$350.00</u>	
Total:	S\$ <u>4,024.45</u> Global Sum S\$: <u>4,000.00</u>		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email <input type="checkbox"/>	Call <input type="checkbox"/>
Payee 1:	S\$ <u>4,000.00</u> Name 1: <u>XIN HUA WORKSHOP PTE LTD</u>		
Payee 2: (Strike if N.A.)	S\$ Name 2:		
Payee 3: (Strike if N.A.)	S\$ Name 3:		