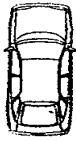


INS. CASE OWNER:

ASSIGNMENTSurveyor: **BRYAN**DOI: **22/04/2021**Date / Time : **21/04/2021**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SHC 8708D**Claim No. : **S1M0389T**Name of Insured : **COMFORT TRANSPORTATION PTE LTD**Policy No. : **P2419138**

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$D.O.A : **16/04/2021 20:40**Place of Accident : **Telok Blangah Rd, Singapore**

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

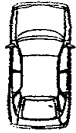
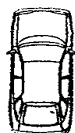
If NO, Driver Name / Age : **TAN TECK BAN**

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

Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : _____ %

Final ? Yes / No**FBG 2962A**INSRS:
WSP: **SG 98 MOTOR**
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
	SHC 8708D - CC3/AIG16016219/H1wb3q2 ; 16/08/2016	Non-Reporting ltr (1st):	
	CS/FC119015254/Asd3s2 ; 23/08/2019	Non-Reporting ltr (2nd):	
	NS/INC16019482/H1vbn2 ; 11/10/2016	Non-Reporting ltr (Final):	
	NS/INC21004978/T1vc ; 16/04/2021	Notification ltr (if non-pickup):	
	FBG 2962A - X	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 :	☐ ☐
09/05/2022	TP PASS LAWYER, SUBMIT WP. ADMIN TO CLOSE	Medical Bill:	☐ ☐
		PIR:	☐ ☐
		Mandate/Reject Instruction:	☐ ☐
		LOD	☐ ☐
		Payment Breakdown Form:	☐ ☐
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____	Post-Repair Photos:	☐ ☐
		Others:	☐ ☐
FINALIZATION	Date/Time: _____ Confirm with: _____ Confirm by: _____		
Repair Cost: LIMIT	S\$ \$1,300.00 (3 days) Reduction: \$2,370.00 % 65	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: _____ Confirm with: _____ Email ☐ Call ☐		
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$		
Loss of Rental (LOR):	S\$ (days)	OI CHARGE FOR CARELESS DRIVING	
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: WP	
Legal Cost	S\$	3) Survey fee: \$250.00	
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: _____		