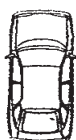


INS. CASE OWNER:

IDAC:

ASSIGNMENT CC4/ASM21011437/Apa3Surveyor: **ADRIAN**DOI: **09/11/2021**Date / Time : **09/11/2021**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SHA 7726T**Claim No. : **S1M03LK4**Name of Insured : **COMFORT TRANSPORTATION PTE LTD**Policy No. : **P2426680**

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : S\$ _____ D.O.A : **05/11/2021 20:40**Place of Accident : **Orchard Rd, Singapore**

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

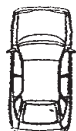
If **NO**, Driver Name / Age : _____

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

Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : _____ %

Final ? Yes / No**SKG 2946R****SHA 7726T****SLR 5619X**INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS: **OI**INSRS:
WSP: **N-51**
Tel :
Liability :
RMKS: **TP**INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SLR 5619X - X	STAGE	DATE / PIC
	SHA 7726T - CS/FC17001036/Kqh3n2 ; 16/01/2017	Non-Reporting ltr (1st):	
	CS/INC08028982/Ccj ; 06/10/2008	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:	☐ ☐
PRELIMINARY ADVICE	Date/Time: _____	Sent By: _____	Post-Repair Photos: ☐ ☐
			Others: ☐ ☐
FINALIZATION	Date/Time: _____	Confirm with: _____	Confirm by: _____
Repair Cost: L/SUM	S\$ 4,000.00 (5 days) Reduction: 52 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 12/04/2023 Confirm with Hui Xin	Email ☒ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 0	
Repair Cost: 7% GST	S\$ 4,280.00		
Loss of Rental (LOR):	S\$ 640.00 (4 days) X \$160		
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\$ 7.45		
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\$ 4,927.45	Global Sum S\$:	
FINAL PAYMENT	Date/Time: _____	Confirm with: _____	Email ☒ Call ☐
Payee 1:	S\$ 4,927.45	Name 1: N-51 AUTOMOTIVE PL	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	