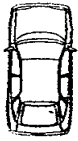


INS. CASE OWNER:

ASSIGNMENT

Surveyor: MARCUS DOI: 23/03/2022 Date / Time : 22/03/2022
Registered in Merimen: _____

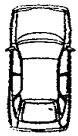
Pre-assign / CCU / FTE

Insured Vehicle No. : SH 6285M Claim No. : S2M03W4J
Name of Insured : COMFORT TRANSPORTATION PTE LTD Policy No. : P2465679
Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :S\$ _____ D.O.A : 18/03/2022 22:30 Place of Accident : PIE , CTE SLIP ROAD
Is driver the owner? (YES / NO) Nature of Accident : _____

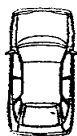
If NO, Driver Name / Age : LIM SER TONG

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

Driver Tel No. : _____ (V/L: YES / NO)

Insured Liability : _____ % **Final ? Yes / No**SMN 1881PSH 6285MSMF 3767R

INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS: OI



INSRS:
WSP: LEE BRO
Tel :
Liability :
RMKS: TP



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	<u>SMF 3767R - X</u>	Non-Reporting ltr (1st):	
	<u>SH 6285M - CC3/AIG17000525/H1eg3q2 ; 06/01/2017</u>	Non-Reporting ltr (2nd):	
	<u>CC4/III20014150/Gba3q2 ; 06/12/2020</u>	Non-Reporting ltr (Final):	
	<u>NS/INC21005215/Nqcn2 ; 24/04/2021</u>	Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
		Documentation Check List: Handler Typist	
		Notification ltr (if non-pickup)	<input type="checkbox"/>
		After call ltr to OI:	<input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/>
		PIR:	<input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/>
		LOD	<input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/>
PRELIMINARY ADVICE Date/Time:		Post-Repair Photos:	<input type="checkbox"/>
	Sent By:	Others:	<input type="checkbox"/>
FINALIZATION Date/Time:		Confirm with:	Confirm by:
Repair Cost: <u>L/sum</u> S\$ <u>1,200.00</u> (<u>2</u> days) Reduction: <u>77</u> %		Email <input checked="" type="checkbox"/>	Call <input type="checkbox"/>
FINAL SETTLEMENT Date/Time: <u>27/04/2022</u> Confirm with <u>Ivy</u>		Email <input checked="" type="checkbox"/>	Call <input type="checkbox"/>
Final Liability: % <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>28</u>		If NO or B 28, Ass. Lia :	<u>0</u>
Repair Cost: <u>w/GST</u> S\$ <u>1,284.00</u>			
Loss of Rental (LOR): S\$ _____ (_____ days)			
Loss of Use (LOU): S\$ <u>100.00</u> (\$ <u>50</u> x <u>2</u> days)			
Loss of Income (LOI): S\$ _____ (\$ _____ x _____ days)			
LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]			
GIA/LTA Search S\$ <u>36.45</u>			
Medical: S\$ _____		1) Claim status: Normal/Reject/Private Settle	
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>1,420.45</u>	Global Sum S\$: <u>1,420.00</u>		
FINAL PAYMENT Date/Time:		Confirm with:	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Payee 1: S\$ <u>1,420.00</u>	Name 1: <u>Lee Brothers Automotive Pte Ltd</u>		
Payee 2: (Strike if N.A.) S\$ _____	Name 2: _____		
Payee 3: (Strike if N.A.) S\$ _____	Name 3: _____		