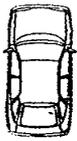


INS. CASE OWNER:

ASSIGNMENT

Surveyor: MARCUS DOI: 28/03/2022 Date / Time : 28/03/2022 - > 29/03/2022
Registered in Merimen: _____

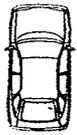
Pre-assign / CCU / FTE



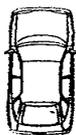
Insured Vehicle No. : SHC 3267S Claim No. : S2M03WUU ->S2M03WUM
Name of Insured : COMFORT TRANSPORTATION PTE LTD Policy No. : P2465679
Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :S\$ _____ D.O.A : 25/03/2022 08:30 Place of Accident : ECP MCE TOWARDS TANJONG RHU FLYOVER
Is driver 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

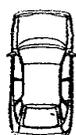
SMR 2033T - >SJM 3988T → SNA 3426 → SHC 3267S → SJJ 4551D



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS: **OI**



INSRS:
WSP: **FASTECH**
Tel :
Liability :
RMKS: **TP**

Date/ Time		STAGE	DATE / PIC
	<u>SJJ 4551D - NBA/AIG17018403/Y; 22/09/2017</u>	Non-Reporting ltr (1st):	
	<u>NBA/INC19016772/Y; 22/09/2019</u>	Non-Reporting ltr (2nd):	
	<u>SHC 3267S - CC3/AIG14018653/M1ue3q2; 27/09/2014</u>	Non-Reporting ltr (Final):	
	<u>CC3/AIG18004713/K1hb3q2; 09/03/2018</u>	Notification ltr (if non-pickup):	
	<u>CS/FCI17018153/Ktbn2; 19/09/2017</u>	Call OI:	
	<u>CS3/FCI16005245/Gth3c2; 14/01/2016</u>	After call ltr to OI:	
	<u>NA/INC13002290/s2; 02/02/2013</u>	Documentation Check List: Handler Typist	
	<u>NS/INC13002413/H1vm; 02/02/2013</u>	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:	Sent By:	Post-Repair Photos:	<input type="checkbox"/>
		Others:	<input type="checkbox"/>
FINALIZATION Date/Time:	Confirm with:	Confirm by: CKS	
Repair Cost: L/S S\$ 4,500.00 (4 days) Reduction: 58%		Email <input type="checkbox"/>	Call <input type="checkbox"/>
FINAL SETTLEMENT Date/Time: 19.05.22 Confirm with JASON		Email <input type="checkbox"/>	Call <input type="checkbox"/>
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 28		If NO or B 28, Ass. Lia : 0%	
Repair Cost: w/GST S\$ 4,815.00		5VEH CC OID 2ND	
Loss of Rental (LOR): S\$ - (days)			
Loss of Use (LOU): S\$ 400.00 (\$ 100 x 4 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\$ -			
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	
Total: S\$ 5,215.00	Global Sum S\$: 5,200.00		
FINAL PAYMENT Date/Time: 19.05.22 Confirm with: JASON		Email <input type="checkbox"/>	Call <input type="checkbox"/>
Payee 1: S\$ 5,200.00	Name 1: FASTECH AUTO PTE LTD		
Payee 2: (Strike if N.A.) S\$	Name 2:		
Payee 3: (Strike if N.A.) S\$	Name 3:		