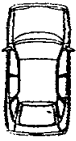


INS. CASE OWNER:

ASSIGNMENTSurveyor: **ADRIAN**DOI: **29/03/2022**Date / Time : **28/03/2022**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SHD 4104S**Claim No. : **S2M03WW4**Name of Insured : **COMFORT TRANSPORTATION PTE LTD**Policy No. : **P2465679**

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ _____ D.O.A : **26/03/2022**

Place of Accident : _____

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

If NO, Driver Name / Age : _____

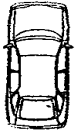
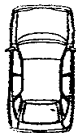
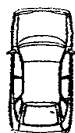
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : _____ %

Final ? Yes / No

GBG 6915KINSRS: **JL Perfect**
WSP: **Autowork**
Tel : **Pte. Ltd.**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time				
	GBG 6915K	SHD 4104S	NA/CTI22002850/m4 ; 26.03.2022	STAGE
			CC4/AXA16010134/Gyg3q2 ; 30/05/2016	DATE / PIC
			CS/III13022875/Aqm3k3; 29/11/2013	Non-Reporting ltr (1st):
			NA/CTI22002850/m4; 26/03/2022	Non-Reporting ltr (2nd):
			NS/INC14024210/H1tbu2; 28/12/2014	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:
				Post-Repair Photos:
				Others:
PRELIMINARY ADVICE	Date/Time:	Sent By:		
FINALIZATION	Date/Time:	Confirm with:		Confirm by:
Repair Cost: L/sum	S\$ 7,400.00	(9 days)	Reduction: 71 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 27/06/2022	Confirm with Irene		Email ☒ Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : NIL		If NO or B 28, Ass. Lia :
Repair Cost:	S\$ 7,400.00			
Loss of Rental (LOR):	S\$ (_____ days)			
Loss of Use (LOU):	S\$ 880.00 (\$ 80 x 11 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\$ 8,287.45	Global Sum S\$: 8,280.00		
FINAL PAYMENT	Date/Time:	Confirm with:		Email ☒ Call ☐
Payee 1:	S\$ 8,280.00	Name 1:	JL PERFECT AUTOWORK PTE LTD	
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		