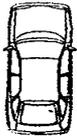


INS. CASE OWNER:

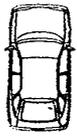
**ASSIGNMENT**

Surveyor: Adrian DOI: 20/04/2022 Date / Time : 11/04/2022  
Registered in Merimen: \_\_\_\_\_

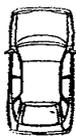
**Pre-assign / CCU / FTE**

Insured Vehicle No. : SHC 8906Z Claim No. : S2M03Y5B  
Name of Insured : COMFORT TRANSPORTATION PTE LTD Policy No. : P2465679  
Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model : HYUNDAI I40  
**Excess Sec II : S\$** \_\_\_\_\_ D.O.A : 05/04/2022 14:10 Place of Accident : CTE & SLE, Singapore  
Is driver the owner? ( YES / NO ) Nature of Accident : TOWARDS BRADDELL ROAD

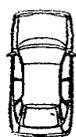
If NO, Driver Name / Age : CHAN HWANG KER OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO  
Driver Tel No. : \_\_\_\_\_ (V/L: YES / NO ) Insured Liability : \_\_\_\_\_ % **Final ? Yes / No**

**GBG 5006R**

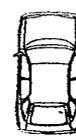
INSRS:  
WSP: MG Solution  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_



INSRS:  
WSP: \_\_\_\_\_  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_



INSRS:  
WSP: \_\_\_\_\_  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_



INSRS:  
WSP: \_\_\_\_\_  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_

Date/ Time		STAGE	DATE / PIC
	<b>GBG 5006R - X</b>		
	SHC 8906Z - CC3/AIC09026959/Cwn; 27/11/2009	Non-Reporting ltr (1st):	
	CC3/AIG11003984/Djb3q2; 24/02/2011	Non-Reporting ltr (2nd):	
	CC4/FCI20003357/Aba3s2; 26/02/2020	Non-Reporting ltr (Final):	
	NA/INC08021288/Gr; 26/07/2008	Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
		<b>Documentation Check List:</b>	<b>Handler</b> <b>Typist</b>
		Notification ltr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
		After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
		PIR:	<input type="checkbox"/> <input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
		LOD	<input type="checkbox"/> <input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
<b>PRELIMINARY ADVICE</b> Date/Time:	Sent By:	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <input type="checkbox"/>
<b>FINALIZATION</b> Date/Time:	Confirm with:	Confirm by:	
Repair Cost: <u>L/sum</u> S\$ <u>5,200.00</u> ( <u>6</u> days) Reduction: <u>47</u> %		Email <input type="checkbox"/> Call <input type="checkbox"/>	
<b>FINAL SETTLEMENT</b> Date/Time: <u>18/07/2022</u> Confirm with <u>Ms Chin</u>		Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Final Liability: % <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>27</u>		If NO or B 28, Ass. Lia :	
Repair Cost: <u>w/GST</u> S\$ <u>5,564.00</u>			
Loss of Rental (LOR): S\$ _____ ( _____ days)			
Loss of Use (LOU): S\$ <u>420.00</u> (\$ <u>70</u> x <u>6</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>2.00</u>			
Medical: S\$ <u>46.81</u> <u>Medical Fee (Driver-Cherie Yeo)</u>		1) Claim status: Normal/ <del>Reject/Private Sett</del>	
Disbursement: S\$ _____ (e.g. Tow/ Independent )		2) Report Format: <u>TP</u>	
<del>Legal Cost</del> S\$ <u>30.00</u> <u>Medical Fee (Passenger - Ong Peh Hong)</u>		3) Survey fee: <u>\$350.00</u>	
<b>Total:</b> S\$ <u>6,062.81</u> <b>Global Sum S\$:</b>			
<b>FINAL PAYMENT</b> Date/Time:	Confirm with:	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Payee 1: S\$ <u>6,062.81</u> Name 1: <u>MODERN AUTOMOTIVE PTE LTD</u>			
Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____			
Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____			