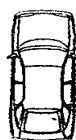


INS. CASE OWNER:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 4/5/22
Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : SHD 7112Z Claim No. : S2M03ZVC
Name of Insured : COMFORT TRANSPORTATION PTE LTD Policy No. : P2465679
Insured Tel No. : _____ HP: _____ Make / Model : Hyundai I40
Excess Sec II : \$ _____ D.O.A : 28/04/2022 17:53 Place of Accident : Upper Changi Rd E, Singapore

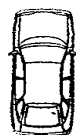
Is driver the owner? (YES / NO) Nature of Accident : _____

If NO, Driver Name / Age : YAP CHWEE THIAM

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

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

Insured Liability : _____ % **Final ? Yes / No**

SML 892A

INSRS:
WSP: Sin Yu Sin
Tel : Workshop
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			STAGE	DATE / PIC	
	SML 892A - X	SHD 7112Z - X	Non-Reporting ltr (1st):		
			Non-Reporting ltr (2nd):		
			Non-Reporting ltr (Final):		
			Notification ltr (if non-pickup):		
	*HSBC INSTRUCTION TO SUBMIT WP REPORT		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\$ 5,400.00	(8 days) Reduction: 59 %	Email ☐ Call ☐		
FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Call ☐		
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :		
Repair Cost:	S\$				
Loss of Rental (LOR):	S\$	(_____ days)			
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\$				
Medical:	S\$		1) Claim status: Normal/Reject/Private Settle /WP		
Disbursement:	S\$	(e.g. Tow/ Independent)	2) Report Format:	TP	
Legal Cost	S\$		3) Survey fee:	\$250.00	
Total:	S\$	Global Sum S\$:			
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐		
Payee 1:	S\$	Name 1:			
Payee 2: (Strike if N.A.)	S\$	Name 2:			
Payee 3: (Strike if N.A.)	S\$	Name 3:			