

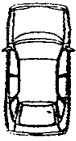
INS. CASE OWNER:

ASSIGNMENTSurveyor: **ADRIAN**

DOI:

Date / Time : **13/05/2022**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SHC 8086P**Claim No. : **S2M040Y3**Name of Insured : **COMFORT TRANSPORTATION PTE LTD**Policy No. : **P2465714**

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$D.O.A : **11/05/2022 02:00**Place of Accident : **Buangkok Dr, Singapore**

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

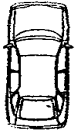
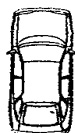
If NO, Driver Name / Age :

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

Driver Tel No. :

(V/L: YES / NO)

Insured Liability : %

Final ? Yes / No**SLE 9520M**INSRS:
WSP: **Kang Car**
Tel : **Repairers**
Liability : **Pte Ltd**
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SLE 9520M - NA/INC18008773/z4 ; 13.05.2018		
	SHC 8086P - CC3/AIG10007038/Ca2f2n ; 12/04/2010	Non-Reporting ltr (1st):	
	CC3/AIG14018084/H1re3w2 ; 21/09/2014	Non-Reporting ltr (2nd):	
	CC3/CTI17001207/H1hg3q2 ; 16/01/2017	Non-Reporting ltr (Final):	
	CC3/FCI13007605/Kvn ; 23/02/2013	Notification ltr (if non-pickup):	
	CC3/TMI19009820/T1qd3s2 ; 02/06/2019	Call OI:	
	CS/FCI14010367/Uvm3k3 ; 29/05/2014	After call ltr to OI:	
	CS/FCI15005168/Gqy3k3 ; 21/03/2015	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:	S\$ (_____ days) Reduction: % _____	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	
Disbursement:	S\$ (e.g. Tow/ Independent)	2) Report Format:	
Legal Cost	S\$	3) Survey fee:	
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: _____		