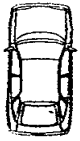


INS. CASE OWNER:

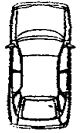
ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : **23.05.2022**
 Registered in Merimen: _____

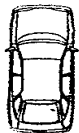
Pre-assign / CCU / FTE

Insured Vehicle No. : **SHA 6278B** Claim No. : **S2M041QS**
 Name of Insured : **COMFORT TRANSPORTATION PTE LTD** Policy No. : **P2465679**
 Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II : \$ _____ D.O.A : **19/05/2022 17:06** Place of Accident : **PIE TO PAYA LEBAR EXIT**
 Is driver the owner? (YES / NO) Nature of Accident : _____

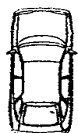
If **NO**, Driver Name / Age : _____ OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
 Driver Tel No. : _____ (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SLC 7093C

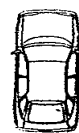
INSRS:
WSP: **TEAMWORK**
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
SLC 7093C - X			
SHA 6278B - Reference Entry	Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By	Non-Reporting ltr (1st):	
CC3/ATG17023331/K1wb3q2 24/01/2018 SHA 6278B SLM 1964B 07/12/2017 26/01/2018 LSP		Non-Reporting ltr (2nd):	
CS/AGI19007268/Dvd3n2 04/07/2019 SHA 6278B SLS 7885A 22/04/2019 04/07/2019 FWL		Non-Reporting ltr (Final):	
CS/FCI12019506/Rvn 26/11/2012 SFV 7476C SHA 6278B 04/10/2012 29/11/2012 CMJ		Notification ltr (if non-pickup):	
CS/FCI15012892/Utd1 27/08/2015 SJM 1021X SHA 6278B 27/07/2015 27/08/2015 CKL		Call OI:	
CS/FCI18001486/Kvbn2 01/02/2018 SKB 8449X SHA 6278B 21/01/2018 01/02/2018 CKL		After call ltr to OI:	
NA/INC13001829/e1 28/01/2013 LIM BOON KENG SGL 8610R SHA 6278B 26/01/2013 30/01/2013 NBS		Documentation Check List:	Handler Typist
NS/INC13002024/H1qu2 08/02/2013 SHA 6278B SGA 3543S 26/01/2013 19/02/2013 SSC		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\$ 3,750.00 (5 days) Reduction: 59 %		Email ☒ Call ☐	
FINAL SETTLEMENT Date/Time: 28/10/2022 Confirm with HONG JUN		Email ☒ Call ☐	
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 15		If NO or B 28, Ass. Lia :	
Repair Cost: w/GST S\$ 4,012.50			
Loss of Rental (LOR): S\$ 600.00 (6 days) X \$100			
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\$ 7.45			
Medical: S\$		1) Claim status: Normal/Rejected/Private Settle	
Disbursement: S\$ (e.g. Tow/ Independent)		2) Report Format: TP	
Legal Cost S\$		3) Survey fee: \$350.00	
Total: S\$ 4,619.95 Global Sum S\$: 4,600.00			
FINAL PAYMENT Date/Time:	Confirm with:	Email ☒ Call ☐	
Payee 1: S\$ 4,600.00 Name 1: Teamwork Garage Pte Ltd			
Payee 2: (Strike if N.A.) S\$ Name 2:			
Payee 3: (Strike if N.A.) S\$ Name 3:			