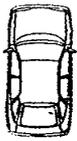


INS. CASE OWNER:

**ASSIGNMENT**

Surveyor: Rasul DOI: 08/08/2022 Date / Time : 05/08/2022  
Registered in Merimen: \_\_\_\_\_

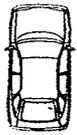
**Pre-assign / CCU / FTE**



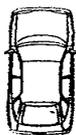
Insured Vehicle No. : SHA 3398H Claim No. : S2M048AE  
Name of Insured : COMFORT TRANSPORTATION PTE LTD Policy No. : P2465679  
Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model : \_\_\_\_\_  
Excess Sec II : \$ \_\_\_\_\_ D.O.A : 05/08/2022 12:20 Place of Accident : 160 Robinson Rd, #01-01 SBF Centre, Singapore 068914 TOWARDS SBF CENTRE FROM MCCALLUM STREET SINGAPORE  
Is driver the owner? ( YES / NO ) Nature of Accident : \_\_\_\_\_

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

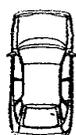
**SHB 1237Y**



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



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



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



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

Date/ Time	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date	Created By	DATE / PIC
SHB 1237Y -	CC3/AIG13006943/R1pb3q2 10/03/2014 SHB 1237Y SGS 8328U 13/04/2013 11/03/2014 MRB	Non-Reporting Itr (1st):	
	CC3/LCR17007253/K1zb3q2 22/05/2017 SHB 1237Y SLG 8720Z 09/04/2017 26/05/2017 LSL	Non-Reporting Itr (2nd):	
	CC3/MSG13018235/K1ybc 19/11/2015 SHB 1237Y SKA 7709H 26/10/2015 20/11/2015 KSL	Non-Reporting Itr (Final):	
	CS/TIT08005604/Zwn 15/02/2008 SHB 1237Y 04/01/2008 14/02/2008 TLT	Notification Itr (if non-pickup):	
	CS/TIT09015476/T1wu1 14/08/2009 SHB 1237Y 10/07/2009 14/08/2009 MTH	Release Voucher:	
	NS/INC16014870/K1vbn2 01/09/2016 SHB 1237Y SKP 308Z 09/08/2016 01/09/2016 GKL	Final OI:	
	NS/INC19020084/Qyf3e2 03/02/2020 SHB 1237Y SLA 3155U 08/11/2019 06/02/2020 GKL		
SHA 3398H -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date	Created By	
	CC3/CTI19011099/K1ea3n2 13/08/2019 SHA 3398H SBX 338B 21/06/2019 13/08/2019 FLMK	Documentation Check List: Handler Typist	
	CC4/ASM21001484/Ars3q2 17/02/2022 SLM 3937S SHA 3398H 29/01/2021 18/02/2021 LSL	Notification Itr (if non-pickup)	<input type="checkbox"/>
	CS/FCI15010522/Kqbc2 05/10/2015 PC 1682U SHA 3398H 13/06/2015 06/10/2015 KY	For call Itr to OI:	<input type="checkbox"/>
	CS/FCI17001892/Uqh3k2 07/07/2017 SKF 9T32G SHA 3398H 24/01/2017 10/07/2017 CKL	Authorisation To Act:	<input type="checkbox"/>
	CS/FCI17002166/Ugh3s2 13/02/2017 GBE 8243M SHA 3398H 24/01/2017 17/02/2017 GCL	Final Repair Bill:	<input type="checkbox"/>
	CS/FCI17003158/Kvbn2 25/04/2018 SLC 8597J SHA 3398H 24/01/2017 25/04/2018 CH	Car Rental Invoice:	<input type="checkbox"/>
	NA/AIG170016470/k4 25/01/2017 HA HON CHUAN SKF 9T32G SHA 3398H 24/01/2017 13/02/2017 KSG	Towing Invoice:	<input type="checkbox"/>
	NA/GTH9011069/h4 24/06/2019 GOH YANG KENG SBX 338B SHA 3398H 21/06/2019 09/07/2019 LSH	LTA / GIA :	<input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/>
		PIR:	<input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/>
		LOD	<input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/>
		Post-Repair Photos:	<input type="checkbox"/>
		Others:	<input type="checkbox"/>
<b>PRELIMINARY ADVICE</b>	Date/Time: _____ Sent By: _____		
<b>FINALIZATION</b>	Date/Time: _____ Confirm with: _____	Confirm by: _____	
Repair Cost: <b>P/P</b>	S\$ <b>3,155.88</b> ( <b>3</b> days) Reduction: <b>66</b> %	Email <input type="checkbox"/> Call <input type="checkbox"/>	
<b>FINAL SETTLEMENT</b>	Date/Time: <u>09/09/2022</u> Confirm with <u>Lee Gek</u>	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>NIL</u>	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ <u>3,155.88</u>		
Loss of Rental (LOR):	S\$ <u>545.70</u> ( <u>5</u> days) <u>X \$109.14</u>		
Loss of Use (LOU):	S\$ _____ (\$ _____ x _____ days)		
Loss of Income (LOI):	S\$ _____ (\$ _____ x _____ days)		
LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]			
GIA/LTA Search	S\$ _____		
Medical:	S\$ _____		
Disbursement:	S\$ _____ (e.g. Tow/ Independent )	1) Claim status: Normal/ <del>Reject/Private Settle</del>	
Legal Cost	S\$ _____	2) Report Format: <u>TP</u>	
<b>Total:</b>	<b>S\$ 3,701.58</b> Global Sum S\$: _____	3) Survey fee: <u>\$350.00</u>	
<b>FINAL PAYMENT</b>	Date/Time: _____ Confirm with: _____	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Payee 1:	S\$ <u>3,701.58</u> Name 1: <u>Strides Taxi Pte Ltd</u>		
Payee 2: (Strike if N.A.)	S\$ _____ Name 2: _____		
Payee 3: (Strike if N.A.)	S\$ _____ Name 3: _____		