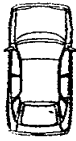


INS. CASE OWNER:

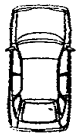
ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 09/09/2022
 Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : SH 9149D Claim No. : S2M04APB
 Name of Insured : COMFORT TRANSPORTATION PTE LTD Policy No. : P2465679
 Insured Tel No. : _____ HP: _____ Make / Model : _____
 Excess Sec II : \$ _____ D.O.A : 08/09/2022 23:20 Place of Accident : Thomson Rd, Singapore
 Is driver the owner? (YES / NO) Nature of Accident : _____

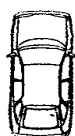
If NO, Driver Name / Age : _____ OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
 Driver Tel No. : _____ (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SDD 228S

INSRS:
WSP: SM
Tel : AUTOMOTIVE
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE		DATE / PIC
SDD 228S - X			
SH 9149D - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By			
CC3/AIG11002038/H1a2r1k2 09/12/2011 SH 9149D SGJ 130Y 26/01/2011 13/12/2011 KWS			
CC3/AIG13024141/Ysa3w2 17/01/2014 SH 9149D SKC 7778Y 18/12/2013 20/12/2014 MK			
CS/FCI16019820/Uth3m2 19/10/2016 SKA 7181D SH 9149D 15/10/2016 27/10/2016 CCY			
NA/INC08019585/r 08/07/2008 GOH LENG BOO CB 6362U SH 9149D 08/07/2008 10/07/2008 LSR			
NA/INC17019935/r3 17/10/2017 MOHAMMAD TAUFIK BIN NAINI SJC 551S SH 9149D 25/09/2017 21/10/2017 RBW			
NJA/INC09000115/y1 02/01/2009 LOW KOOI HWA SBT 9480J SH 9149D 30/12/2008 09/02/2009 YCC			
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: <u>L/SUM</u>	S\$ <u>6,300.00</u>	(<u>5</u> days) Reduction: <u>83</u> %	Email ☒ Call ☐
FINAL SETTLEMENT Date/Time: <u>18/11/2022</u> Confirm with <u>SUKYI</u> Email ☒ Call ☐			
Final Liability:	% <u>100</u>	(Agreed / Assessed) BOLA S/N No. : <u>15</u>	If NO or B 28, Ass. Lia :
Repair Cost: <u>w/GST</u>	S\$ <u>6,741.00</u>		
Loss of Rental (LOR):	S\$ <u>450.00</u>	(<u>3</u> days) x \$150.00	
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\$ <u>7.45</u>		
Medical:	S\$		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S\$ (e.g. Tow/ Independent)		2) Report Format: <u>TP</u>
Legal Cost	S\$		3) Survey fee: <u>\$350.00</u>
Total:	S\$ <u>7,198.45</u>	Global Sum S\$:	
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email ☒ Call ☐			
Payee 1:	S\$ <u>7,198.45</u>	Name 1: <u>SM AUTOMOTIVE</u>	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	