

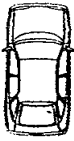
INS. CASE OWNER:

ASSIGNMENTSurveyor: **ADRIAN**

DOI: _____

Date / Time : **22/09/2022**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SHC 3005G**Claim No. : **S2M04BFY**Name of Insured : **COMFORT TRANSPORTATION PTE LTD**Policy No. : **P2465679**

Insured Tel No. : _____ HP: _____

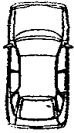
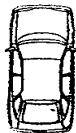
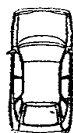
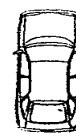
Make / Model : **Hyundai Ae ioniq**Excess Sec II :\$ _____ D.O.A : **20/09/2022 15:45**Place of Accident : **Geylang East Ave 2, Singapore**

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

If NO, Driver Name / Age : **CHENG HENG WOO**

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

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

Insured Liability : % **Final ? Yes / No****GBA 1672A**INSRS:
WSP: **MG SOLUTION**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
GBA 1672A - X			
SHC 3005G - Reference Entry	Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By	Non-Reporting ltr (1st):	
CC3/ATG08019349/VDI 21/07/2008 SHC 3005G SCW 1606P 30/06/2008 28/07/2008 TFC		Non-Reporting ltr (2nd):	
NS/INC11022575/H1y1m 28/11/2011 SHC 3005G SGD 3360L 02/11/2011 05/12/2011 TWL		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		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: 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:		