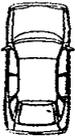


INS. CASE OWNER:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : **03.10.2022**
 Registered in Merimen: _____

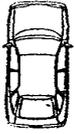
Pre-assign / CCU / FTE



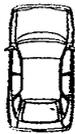
Insured Vehicle No. : **SH 6506B** Claim No. : **S2M04C2V**
 Name of Insured : **COMFORT TRANSPORTATION PTE LTD** Policy No. : **P2465714**
 Insured Tel No. : _____ HP: _____ Make / Model : **Hyundai Ae ioniq**
Excess Sec II :S\$ _____ D.O.A : **30/09/2022 09:30** Place of Accident : **13 Bishan Street 12, Singapore**
 Is driver the owner? (YES / NO) Nature of Accident : _____

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

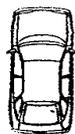
SGB 404A



INSRS:
 WSP: **AUTO 101 LLP**
 Tel :
 Liability :
 RMKS:



INSRS:
 WSP:
 Tel :
 Liability :
 RMKS:



INSRS:
 WSP:
 Tel :
 Liability :
 RMKS:



INSRS:
 WSP:
 Tel :
 Liability :
 RMKS:

Date/ Time	STAGE	DATE / PIC
SGB 404A -X		
SH 6506B - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Account Date Close Date Created By		
CC3/CT117017773/K1zb3n2 28/12/2017 SH 6506B SFK 9668K 12/09/2017 02/01/2018 LSP	Non-Reporting Itr (OS)	
CS/FC113001497/Ky1d1 20/02/2013 SBB 8082B SH 6506B 19/01/2013 02/01/2018 C1	Non-Reporting Itr (2nd)	
CS/FC113018475/Uvy3u2 07/10/2013 SGL 3316Z SH 6506B 12/09/2013 03/10/2018 CKK	Non-Reporting Itr (Final)	
CS/FC118017409/Aqbn2 28/12/2018 SJT 3496J SH 6506B 20/09/2018 28/12/2018 CKL	Call of	
CS/FC119005131/Ktd3n2 08/05/2019 SKK 3077X SH 6506B 17/03/2019 09/05/2019 LST1	After call Itr to OI:	
CS/INC09016346/Cn 13/08/2009 SH 6506B SJJ 9496Y 21/07/2009 17/08/2009 CPH	Documentation Check List:	Handler Typist
NA/INC09016271/Ap1 27/08/2009 KNG MUI LIN IRENE SJJ 9496Y SH 6506B 21/07/2009 28/08/2009 LSR	Notification Itr (w/ non-pickup)	
NS/INC15009475/H1qbk3 17/06/2015 SH 6506B SKP 7593U 07/06/2015 CAL	After call Itr 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 <input type="checkbox"/> Call <input type="checkbox"/>		
FINAL SETTLEMENT Date/Time: _____ Confirm with _____ Email <input type="checkbox"/> Call <input type="checkbox"/>		
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 <input 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/Reject/Private Settle	
Legal Cost S\$ _____	2) Report Format:	
	3) Survey fee:	
Total: S\$ _____ Global Sum S\$: _____		
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Call <input type="checkbox"/>		
Payee 1: S\$ _____ Name 1: _____		
Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____		
Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____		