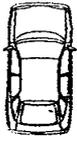


INS. CASE OWNER:

ASSIGNMENT

Surveyor: KENNETH DOI: _____ Date / Time : 07/10/2022
Registered in Merimen: _____

Pre-assign / CCU / FTE

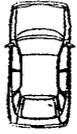
Insured Vehicle No. : SHD 7152H Claim No. : S2M04C9G
Name of Insured : COMFORT TRANSPORTATION PTE LTD Policy No. : P2465679
Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :S\$ _____ D.O.A : 04/10/2022 07:25 Place of Accident : TUAS SLIP ROAD TOWARDS THOMSON ROAD
Is driver the owner? (YES / NO) Nature of Accident : _____

If NO, Driver Name / Age :

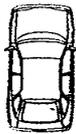
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

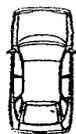
(V/L: YES / NO)

Insured Liability : % **Final ? Yes / No****SGF 6888B**

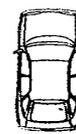
INSRS:
WSP: **Thiam Heng**
Tel : **Huat Pte Ltd**
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SGF 6888B -X	SHD 7152H - X	STAGE	DATE / PIC
			Non-Reporting ltr (1st):	
			Non-Reporting ltr (2nd):	
			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)	<input type="checkbox"/>
			After call ltr to OI:	<input type="checkbox"/>
			Authorisation To Act:	<input type="checkbox"/>
			Release Voucher:	<input type="checkbox"/>
			Final Repair Bill:	<input type="checkbox"/>
			Car Rental Invoice:	<input type="checkbox"/>
			Towing Invoice	<input type="checkbox"/>
			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"/>
PRELIMINARY ADVICE Date/Time:		Sent By:	Post-Repair Photos:	<input type="checkbox"/>
			Others:	<input type="checkbox"/>
FINALIZATION Date/Time:		Confirm with:	Confirm by:	
Repair Cost: L/SUM S\$ 2,000.00 (3 days) Reduction: 83 %			Email <input type="checkbox"/>	Call <input type="checkbox"/>
FINAL SETTLEMENT Date/Time 27/02/2023 Confirm with STEVEN			Email <input checked="" type="checkbox"/>	Call <input type="checkbox"/>
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : NIL			If NO or B 28, Ass. Lia :	
Repair Cost: 7% GST S\$ 2,140.00				
Loss of Rental (LOR): S\$ 300.00 (3 days) X \$100				
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\$ 7.45				
Medical: S\$			1) Claim status: Normal/ Reject/Private Settle	
Disbursement: S\$ (e.g. Tow/ Independent)			2) Report Format: TP	
Legal Cost S\$			3) Survey fee: \$350.00	
Total: S\$ 2,447.45 Global Sum S\$:				
FINAL PAYMENT Date/Time:		Confirm with:	Email <input checked="" type="checkbox"/>	Call <input type="checkbox"/>
Payee 1: S\$ 2,447.45		Name 1: Thiam Heng Huat Pte Ltd		
Payee 2: (Strike if N.A.) S\$		Name 2:		
Payee 3: (Strike if N.A.) S\$		Name 3:		