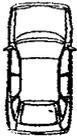


INS. CASE OWNER:

ASSIGNMENTSurveyor: XING GUO QIANGDOI: 28/10/2022Date / Time : 28/10/2022

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : SH 7042RClaim No. : S2M04DMNName of Insured : COMFORT TRANSPORTATION PTE LTDPolicy No. : P2465679

Insured Tel No. : _____ HP: _____

Make / Model : _____

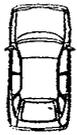
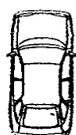
Excess Sec II : \$

D.O.A : 26/10/2022 16:20Place of Accident : 10 Woodlands Square, Singapore 737714Is driver the owner? (YES / NO) Nature of Accident : SEMBAWANG WAYIf NO, Driver Name / Age : LIM SIEW CHOO

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

Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : _____ % **Final ? Yes / No****SGF 44J**INSRS:
WSP: FORZA AUTOHAUS
Tel : PTE. LTD.
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
SGF 44J - X			
SH 7042R - Reference Entry	Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By	Non-Reporting ltr (1st):	
CC3/1118000692R1ja3q2	05/02/2018 SLE 8932P SH 7042R 09/01/2018 07/02/2018 HMK	Non-Reporting ltr (2nd):	
CC3/L CR18000683/K1wa3q2	14/02/2018 SH 7042R SLE 8932P 09/01/2018 19/02/2018 HMK	Non-Reporting ltr (Final):	
CC4/ASM21001077/Ags3q2	07/07/2021 SKK 6664G SH 7042R 19/01/2021 14/07/2021 LSL1	Notification ltr (if non-pickup):	
CS/ASM22010690/Gc	28/10/2022 SGF 44J SH 7042R 26/10/2022 FWL	Call OI:	
NS/INC12010566/H1fr2	12/06/2012 SH 7042R SJZ 5634H 25/05/2012 20/06/2012 LYT	After call ltr to OI:	
NS/INC16010729/H1qh3c2	29/06/2016 SH 7042R GQ 2541U 08/06/2016 01/07/2016 CCY	Documentation Check List: Handler Typist	
		Notification ltr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
		After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
		PIR:	<input type="checkbox"/> <input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
		LOD	<input type="checkbox"/> <input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <input type="checkbox"/>
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\$ _____	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 <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: _____		