

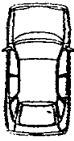
INS. CASE OWNER:

ASSIGNMENT

Surveyor:

MARCUSDOI: **01/11/2022**Date / Time : **01/11/2022**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SHB 4070R**Claim No. : **S2M04DUV**Name of Insured : **COMFORT TRANSPORTATION PTE LTD**Policy No. : **P2465679**

Insured Tel No. : _____ HP: _____

Make / Model : _____

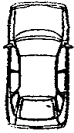
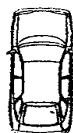
Excess Sec II :S\$D.O.A : **31/10/2022 18:55**Place of Accident : **CTE, Singapore**

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

If **NO**, Driver Name / Age : **TIMOTHY CHRISTOPHER**

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

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

Insured Liability : % **Final ? Yes / No****SLN 3006Z**INSRS:
WSP: **FASTECH**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
SLN 3006Z - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By	NBA/CT122010849/Y 01/11/2022 MAK CHOOI MAN SNC 9360U SLN 3006Z 31/10/2022 RBA	
SHB 4070R - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By	CS/FC114006564/Dqm3u2 16/04/2014 SHA 6888R SHB 4070R 06/04/2014 23/04/2014 BPL	
	CS/FC114008545/M1gbu2 23/06/2014 SHD 4544E SHB 4070R 03/05/2014 24/06/2014 CKL	
	CS/FC119020606/Qsd3e2 24/12/2019 SMM 5385J SHB 4070R 16/12/2019 26/12/2019 NVT	
		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: _____		