15/5/2010

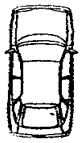
INS. CASE OWNER: ANG Yvonne | CC4/ASM22011522/pa3 | LKK: IDAC: 292033

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 16.11.2022

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SHD 3190Z | Claim No. : S2M04CM5

Name of Insured : COMFORT TRANSPORTATION PTE LTD | Policy No. : P2465679

Insured Tel No. : _____ HP: _____ | Make / Model : _____

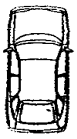
Excess Sec II :S$ _____ D.O.A : 09/10/2022 12:15 | Place of Accident : Grange Rd, Singapore

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

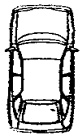
If **NO**, Driver Name / Age : | OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) | Insured Liability : % **Final ? Yes / No**

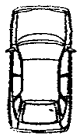
GBK 8711Y → _____ → _____ → _____



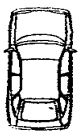
INSRS:
WSP: FORZA
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
GBK 8711Y - X	
SHD 3190Z - Reference	Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
	CC3/AIG12021655/H1a2t2q2 07/12/2012 SHD 3190Z SJY 5224M 05/11/2012 07/12/2012 SBS
	CC3/AXA11023981/H1edq2 08/02/2012 SHD 3190Z SGF 2451D 22/11/2011 14/02/2012 GXC
	CS/FCI16024405/T1gh3n2 18/04/2017 SFL 223P SHD 3190Z 17/12/2016 18/04/2017 CCY
	CS/TMI22005269/Gvy3n2 10/06/2022 SHD 3190Z SLR 9616C 31/05/2022 10/06/2022 SSC
	NS/INC13004270/M1cn 02/04/2013 SHD 3190Z SKG 1763H 01/03/2013 04/04/2013 SNJ
	NS/INC21005213/Nvcn2 10/05/2021 SHD 3190Z SGD 2090Y 24/04/2021 10/05/2021 EWJ

STAGE	DATE / PIC
Non-Response Letter (OI):	
Non-Response Letter (TP):	
Notification ltr (Final):	
Notification ltr (if non-pickup):	
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:		
Post-Repair Photos:		
Others:		

PRELIMINARY ADVICE Date/Time: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: L/SUM S$ 2,550.00 (5 days) Reduction: 48 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 01/06/2023 Confirm with MIKE Email ☑ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 15	If NO or B 28, Ass. Lia :
Repair Cost: 7%GST	S$ 2,728.50	
Loss of Rental (LOR):	S$ (days)	
Loss of Use (LOU):	S$ 400.00 ($ 80 x 5 days)	
Loss of Income (LOI):	S$ ($ x days)	
LOR only ☐ LOU only ☑ LOR + LOU ☐ LOR + LOI ☐ [**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: $350.00
Total:	**S$** 3,135.95 **Global Sum S$:** 3,130.00	

FINAL PAYMENT Date/Time: Confirm with: Email ☐ Call ☐

Payee 1:	S$ 3,130.00	Name 1:	FORZA AUTOHAUS PTE. LTD.
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	