15/5/2010

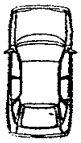
INS. CASE OWNER: ANG Yvonne | CC4/ASM22012129/Apa3 | LKK: IDAC: 294650

ASSIGNMENT

Surveyor: ADRIAN DOI: _____ Date / Time : 05/12/2022

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 5758P Claim No. : S2M04FVZ

Name of Insured : COMFORT TRANSPORTATION PTE LTD Policy No. : P2465714

Insured Tel No. : _____ HP: _____ Make / Model : Byd E6 (ME-2)

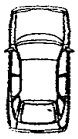
Excess Sec II :S$ _____ D.O.A : 02/12/2022 13:30 Place of Accident : Banda St, Singapore

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

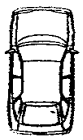
If **NO**, Driver Name / Age : YAP SUAT YIN OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

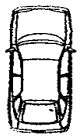
SMZ 9183E → _____ → _____ → _____



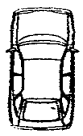
INSRS:
WSP: Advance Auto Garage
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
SMZ 9183E - X		Non-Reporting ltr (1st):	
SHA 5758P -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By	Non-Reporting ltr (2nd):	
	NS/INC22001557/Vvy3n2 05/04/2022 SHA 5758P SJQ 5050P 29/01/2022 07/04/2022 NMY	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)	☐ ☐
		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: L/S	S$ 12,000.00 (3 days)	Reduction: 55 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 01.08.23	Confirm with	Email ☐ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 12,000.00		
Loss of Rental (LOR):	S$ - (days)		
Loss of Use (LOU):	S$ 600.00 ($150 x 4 days)		
Loss of Income (LOI):	S$ - ($ 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: TP
Legal Cost	S$ -		3) Survey fee: $350
Total:	**S$** 12,600.00	**Global Sum S$:**	
FINAL PAYMENT	Date/Time: 01.08.23	Confirm with: XAVIER	Email ☐ Call ☐
Payee 1:	S$ 12,600.00	Name 1: ADVANCE AUTO GARAGE	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	