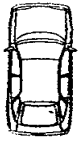


INS. CASE OWNER:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : **28/02/2023**
 Registered in Merimen: _____

Pre-assign / CCU / FTE

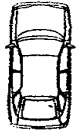
Insured Vehicle No. : **SHD 7291P** Claim No. : **S3M04JXU**
 Name of Insured : **COMFORT TRANSPORTATION PTE LTD** Policy No. : **P2478218**
 Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :\$ _____ D.O.A : **24/02/2023 14:50** Place of Accident : **PIE CHANGI EXIT PAYA LEBAR ROAD**
 Is driver the owner? (YES / NO) Nature of Accident : _____

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

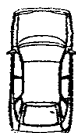
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No****SLT 4831U**

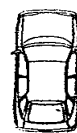
INSRS:
WSP: **Teamwork**
Tel : **Garage Pte Ltd**
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
SLT 4831U - X			
SHD 7291P - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date	12/11/2020	SKS 225M SHD 7291P 18/08/2020 12/11/2020 HKK	
		Non-Reporting Itr (1st):	
		Non-Reporting Itr (2nd):	
		Non-Reporting Itr (Final):	
		Notification Itr (if non-pickup):	
		Call OI:	
		After call Itr to OI:	
		Documentation Check List:	Handler Typist
		Notification Itr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
		After call Itr 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: L/SUM	S\$ 2,250.00 (4 days) Reduction: 74 %		Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time: 11/05/2023 Confirm with Seri Kamaludin		Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27		If NO or B 28, Ass. Lia :
Repair Cost: 8%GST	S\$ 2,430.00		
Loss of Rental (LOR):	S\$ (_____ days)		
Loss of Use (LOU):	S\$ 250.00 (\$50.00x 5 days)		
Loss of Income (LOI):	S\$ (\$ _____ x _____ days)		
LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]			
GIA/LTA Search	S\$ 26.75		
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\$ 2,706.75	Global Sum S\$: 2,700.00	
FINAL PAYMENT	Date/Time: _____	Confirm with: _____	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	S\$ 2,700.00	Name 1: TEAMWORK GARAGE PTE LTD	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	