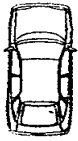


INS. CASE OWNER:

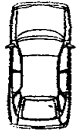
ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : **06.06.2023**
 Registered in Merimen: _____

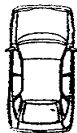
Pre-assign / CCU / FTE

Insured Vehicle No. : **SHA 4398B** Claim No. : **S3M04N20**
 Name of Insured : **COMFORT TRANSPORTATION PTE LTD** Policy No. : **P2478218**
 Insured Tel No. : _____ HP: _____ Make / Model : **Hyundai I40**
Excess Sec II : \$ _____ D.O.A : **03/06/2023 14:30** Place of Accident : **River Valley Rd, Singapore**
 Is driver the owner? (YES / NO) Nature of Accident : _____

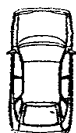
If NO, Driver Name / Age : _____ OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
 Driver Tel No. : _____ (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SMS 2160D

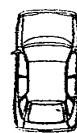
INSRS:
WSP: **Thiam Heng**
Tel : **Huat Pte Ltd**
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
SMS 2160D - X			
SHA 4398B - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Reported By			
CC4/ASM18012341/Nfa3q2 30/01/2019 SHA 4398B PA 8875U 05/07/2018 31/01/2019 RMK			
CS/FC114017559/qm3XX 15/09/2014 SKG 8346H SHA 4398B 12/09/2014 27/01/2015 BPL			
NA/INC08038449/r 23/12/2008 MOHAMMAD FIRDAUS BIN MOHD RASUL FV 2628P SHA 4398B 19/12/2008 24/12/2008 LWS			
NA/INC13017789/r3 24/09/2013 MOHAMMED AIDIL BIN RABU SJJ 4786T SHA 4398B 14/09/2013 25/09/2013 RBW			
NS/INC14010324/H1qm3d1 09/06/2014 SHA 4398B SFV 8404D 31/05/2014 09/06/2014 CRL			
		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\$ _____			
Disbursement: S\$ _____ (e.g. Tow/ Independent)		1) Claim status: Normal/Reject/Private Settle	
Legal Cost S\$ _____		2) Report Format:	
		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: _____			