

INS. CASE OWNER:

ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : **28/12/2020**Registered in Merimen: **29/12/2020****Pre-assign / CCU / FTE**Insured Vehicle No. : **SH 6074E**

Claim No. : _____

Name of Insured : **COMFORT TRANSPORTATION PTE LTD**

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ _____ D.O.A : **23/12/2020 02:32**

Place of Accident : _____

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****SMK 7057D**INSRS:
WSP: **C&C**
Tel : **AUTOMOTIVE**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SMK 7057D - X	Non-Reporting ltr (1st):	
	SH 6074E - CC3/AIG13012182/M1g2t2q2 ; 03/07/2013	Non-Reporting ltr (2nd):	
	CS/TMI16015965/H1qh3n2 ; 24/08/2016	Non-Reporting ltr (Final):	
	NS/INC11025796/H1f1m ; 14/12/2011	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 :	☐ ☐
19/03/2021	SETTLED AND CLOSED / NO PHY FILE	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: P/P	S\$ 4,879.00 (3 days) Reduction: 42.37 %	Email ☒ Call ☐	
FINAL SETTLEMENT	Date/Time: 18/03/2021 Confirm with LOI AI TING	Email ☒ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 15	If NO or B 28, Ass. Lia :	
Repair Cost: (W/GST)	S\$ 5,220.53		
Loss of Rental (LOR)(W/GST)	S\$ 856.00 (5 days) X \$160.00		
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: TP	
Legal Cost	S\$	3) Survey fee: \$350.00	
Total:	S\$ 6,076.53 Global Sum S\$:		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email ☐ Call ☐		
Payee 1:	S\$ 6,076.53 Name 1: CYCLE & CARRIAGE AUTOMOTIVE PTE LTD		
Payee 2: (Strike if N.A.)	S\$ Name 2:		
Payee 3: (Strike if N.A.)	S\$ Name 3:		