

INS. CASE OWNER:

ASSIGNMENTSurveyor: ADRIANDOI: 01/04/2021Date / Time : 01/04/2021

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : SH 8507KClaim No. : S1M036QQName of Insured : COMFORT TRANSPORTATION PTE LTDPolicy No. : P2419138

Insured Tel No. : _____

HP: _____

Make / Model : _____

Excess Sec II : \$

D.O.A : 29/03/2021 08:00

Place of Accident : _____

Is driver the owner? (YES / NO)

Nature of Accident : _____

If NO, Driver Name / Age :

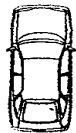
Driver Tel No. :

(V/L: YES / NO)

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

Insured Liability : %

Final ? Yes / No

SH 8507KSMH 9241RSHA 3792C

INSRS:

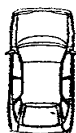
WSP:

Tel :

Liability :

RMKS:

OI



INSRS:

WSP:

Tel :

Liability :

RMKS:

TP



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time			
	<u>SMH 9241R</u>	<u>NA/TMI21004190/r3 ; 29.03.2021</u>	STAGE
	<u>SH 8507K</u>		DATE / PIC
			Non-Reporting ltr (1st):
			Non-Reporting ltr (2nd):
			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: <u>LWP</u>
Repair Cost: <u>L/S</u>	\$S <u>9,300.00</u>	(<u>10</u> days) Reduction: <u>55</u> %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: <u>25.04.22</u>	Confirm with <u>HUI XIN</u>	Email ☐ Call ☐
Final Liability:	% <u>100</u>	(Agreed / Assessed) BOLA S/N No. : <u>28</u>	If NO or B 28, Ass. Lia : <u>100%</u>
Repair Cost: <u>w/GST</u>	\$S <u>9,951.00</u>	<u>3VEH CC OID LAST</u>	
Loss of Rental (LOR):	\$S <u>1,200.00</u>	(<u>12</u> days) x \$100	
Loss of Use (LOU):	\$S <u>-</u>	(\$ x days)	
Loss of Income (LOI):	\$S <u>-</u>	(\$ x days)	
LOR only ☒ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
GIA/LTA Search	\$S <u>7.45</u>		
Medical:	\$S <u>-</u>		1) Claim status: Normal/ Reject/Print & Settle
Disbursement:	\$S <u>100.00</u>	(e.g. Tow/ Independent)	2) Report Format: <u>TP</u>
Legal Cost	\$S <u>-</u>		3) Survey fee: <u>\$350</u>
Total:	\$S <u>11,258.45</u>	Global Sum \$S: 10,600.00	
FINAL PAYMENT	Date/Time: <u>25.04.22</u>	Confirm with: <u>HUI XIN</u>	Email ☐ Call ☐
Payee 1:	\$S <u>10,600.00</u>	Name 1: <u>TWINCAR AUTOMOTIVE PTE LTD</u>	
Payee 2: (Strike if N.A.)	\$S	Name 2:	
Payee 3: (Strike if N.A.)	\$S	Name 3:	