

INS. CASE OWNER:

ASSIGNMENTSurveyor: **KENNETH**

DOI: _____

Date / Time : **16/04/2021**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SHC 3023D**Claim No. : **S1M037VV**Name of Insured : **COMFORT TRANSPORTATION PTE LTD**Policy No. : **P2419138**

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **10/04/2021 17:30**Place of Accident : **Geylang Serai, 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****SLH 9475U**INSRS:
WSP: **A T Auto**
Tel : **Consultant**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time				
	SLH 9475U - CS/TMI21004751/T1f3 ; 10/04/2021	STAGE	DATE / PIC	
	NA/TMI17004447/Y ; 03/03/2017	Non-Reporting ltr (1st):		
	SHC 3023D - CC3/AIG10003743/Cwq1n ; 24/02/2010	Non-Reporting ltr (2nd):		
	CC4/III20008917/Ega3q2 ; 17/08/2020	Non-Reporting ltr (Final):		
	CS/AXA09025846/Kbg1 ; 14/11/2009	Notification ltr (if non-pickup):		
	CS/TMI20008608/T1sf3e2 ; 17/08/2021	Call OI:		
	CS/TMI21004751/T1f3 ; 10/04/2021	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\$ _____	1) Claim status: Normal/Reject/Private Settle		
Disbursement:	S\$ _____	(e.g. Tow/ Independent)	2) Report Format:	
Legal Cost	S\$ _____		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:		