

INS. CASE OWNER:

ASSIGNMENTSurveyor: **MARCUS**

DOI: _____

Date / Time : **16/03/2022**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SHA 1313R**Claim No. : **S2M03VTR**Name of Insured : **COMFORT TRANSPORTATION PTE LTD**Policy No. : **P2465679**

Insured Tel No. : _____

HP: _____

Make / Model : _____

Excess Sec II :S\$D.O.A : **16/03/2022 08:45**

Place of Accident : _____

Is driver the owner? (YES / NO)

Nature of Accident : _____

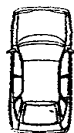
If **NO**, Driver Name / Age :

Driver Tel No. : _____

(V/L: YES / NO)

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

Insured Liability : _____ %

Final ? Yes / No**SMV 3415Y ->SLR 2123D****SMQ 7766J****SMS 3817L****SHA 1313R -> SMZ1574M**INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS: **OI****NINETEEN
AUTOWERKS
PTE. LTD.****TP**

Date/ Time		STAGE	DATE / PIC
	SMZ 1574M - X		
	SHA 1313R - CC3/AIG11000760/DM1u2q2; 07/01/2011	Non-Reporting ltr (1st):	
	CC3/LCR18004926/K1ja3q2 ; 12/03/2018	Non-Reporting ltr (2nd):	
	CC4/AIG21002117/T1gs3q2; 15/02/2021	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: _____
Repair Cost: L/SUM	S\$ 1,800.00 (3 days) Reduction: 80 %		Email ☒ Call ☐
FINAL SETTLEMENT	Date/Time: 18/05/2023 Confirm with Vessie		Email ☒ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 28		If NO or B 28, Ass. Lia : 0
Repair Cost:	S\$ 1,800.00		
Loss of Rental (LOR):	S\$ 300.00 (3 days) X \$100		
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\$ 7.45		
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\$ 2,107.45	Global Sum S\$:	
FINAL PAYMENT	Date/Time: _____	Confirm with: _____	Email ☒ Call ☐
Payee 1:	S\$ 2,107.45	Name 1: Nineteen Autowerks Pte Ltd	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	