

INS. CASE OWNER:

**ASSIGNMENT**

Surveyor: MARCUS DOI: \_\_\_\_\_ Date / Time : 28/03/2022 - > 29/03/2022  
Registered in Merimen: \_\_\_\_\_

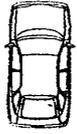
**Pre-assign / CCU / FTE**



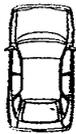
Insured Vehicle No. : SHC 3267S Claim No. : S2M03WUU ->S2M03WUM  
Name of Insured : COMFORT TRANSPORTATION PTE LTD Policy No. : P2465679  
Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model : \_\_\_\_\_  
Excess Sec II :S\$ \_\_\_\_\_ D.O.A : 25/03/2022 08:30 Place of Accident : ECP MCE TOWARDS TANJONG RHU FLYOVER  
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

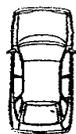
SMR 2033T - >SJM 3988T → SNA 3426 → SHC 3267S → SJJ 4551D



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS: **OI**



INSRS:  
WSP: **FASTECH**  
Tel :  
Liability :  
RMKS: **TP**

Date/ Time		STAGE	DATE / PIC
	<u>SJJ 4551D - NBA/AIG17018403/Y; 22/09/2017</u>	Non-Reporting ltr (1st):	
	<u>NBA/INC19016772/Y; 22/09/2019</u>	Non-Reporting ltr (2nd):	
	<u>SHC 3267S - CC3/AIG14018653/M1ue3q2; 27/09/2014</u>	Non-Reporting ltr (Final):	
	<u>CC3/AIG18004713/K1hb3q2; 09/03/2018</u>	Notification ltr (if non-pickup):	
	<u>CS/FCI17018153/Ktbn2; 19/09/2017</u>	Call OI:	
	<u>CS3/FCI16005245/Gth3c2; 14/01/2016</u>	After call ltr to OI:	
	<u>NA/INC13002290/s2; 02/02/2013</u>	<b>Documentation Check List: Handler Typist</b>	
	<u>NS/INC13002413/H1vm; 02/02/2013</u>	Notification ltr (if non-pickup)	<input type="checkbox"/>
		After call ltr to OI:	<input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/>
		PIR:	<input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/>
		LOD	<input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/>
<b>PRELIMINARY ADVICE</b> Date/Time:	Sent By:	Post-Repair Photos:	<input type="checkbox"/>
		Others:	<input type="checkbox"/>
<b>FINALIZATION</b> Date/Time:	Confirm with:	Confirm by:	
Repair Cost: S\$	( days) Reduction: %	Email <input type="checkbox"/>	Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b> Date/Time:	Confirm with	Email <input type="checkbox"/>	Call <input type="checkbox"/>
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 <input type="checkbox"/>	LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/>	LOR + LOI <input type="checkbox"/>
			<b>[Tick only one]</b>
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:	
<b>Total:</b>	<b>S\$</b>	<b>Global Sum S\$:</b>	
<b>FINAL PAYMENT</b> Date/Time:	Confirm with:	Email <input type="checkbox"/>	Call <input type="checkbox"/>
Payee 1:	S\$	Name 1:	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	