

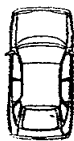
INS. CASE OWNER:

ASSIGNMENTSurveyor: **MARCUS**

DOI: _____

Date / Time : **26/04/2022**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SHA 4495D**Claim No. : **S2M03ZE1**Name of Insured : **COMFORT TRANSPORTATION PTE LTD**Policy No. : **P2465679**

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$D.O.A : **19/04/2022 15:50**Place of Accident : **SIMS AVE TOWARDS PIE TUAS.**

Is driver the owner? (YES / NO) Nature of Accident : _____

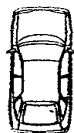
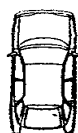
If NO, Driver Name / Age : _____

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

Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : _____ %

Final ? Yes / No**SKW 1452X**INSRS:
WSP: **FC AUTO
GARAGE
PTE LTD**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time				
	SKW 1452X - X	STAGE	DATE / PIC	
	SHA 4495D - CC3/AXA13000124/H1v1f3c3; 30/12/2012	Non-Reporting ltr (1st):		
	CC3/CTI20013076/Uea3q2; 25/11/2020	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: _____	
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: _____		