

INS. CASE OWNER:

ASSIGNMENT

Surveyor: **MARCUS** DOI: _____ Date / Time : **26/04/2022**
Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured 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 :

Driver Tel No. :

(V/L: YES / NO)

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

Insured Liability : % **Final ? Yes / No****SKW 1452X**

INSRS: **FC AUTO**
WSP: **GARAGE**
Tel : **PTE LTD**
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SKW 1452X - X	Non-Reporting ltr (1st):	
	SHA 4495D - CC3/AXA13000124/H1v1f3c3; 30/12/2012	Non-Reporting ltr (2nd):	
	CC3/CTI20013076/Uea3q2; 25/11/2020	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: MRB		
Repair Cost: L/S S\$ 4,250.00 (5 days) Reduction: 72 %		Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 11.08.22 Confirm with: _____ Email ☐ Call ☐		
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27		If NO or B 28, Ass. Lia :	
Repair Cost: S\$ 4,250.00		OID REAR ENDED TP	
Loss of Rental (LOR): S\$ 600.00 (6 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\$ 38.45			
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	
Total: S\$ 4,888.45 Global Sum S\$:			
FINAL PAYMENT	Date/Time: 11.08.22 Confirm with: _____ Email ☐ Call ☐		
Payee 1: S\$ 4,888.45 Name 1: FC AUTO GARAGE PTE LTD			
Payee 2: (Strike if N.A.) S\$ Name 2:			
Payee 3: (Strike if N.A.) S\$ Name 3:			