

INS CASE OWNER:

OH Vale

IDAC: 26/253

ASSIGNMENT

CC4/ASM22005955/Epa3

Surveyor:

STEVE

DOI:

23/06/2022

Date / Time :

22/06/2022

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 5173B

Claim No. : S2M044AW

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Policy No. : P2465679

Insured Tel No. : HP:

Make / Model :

Excess Sec II :S\$

D.O.A : 15/06/2022 08:10

Place of Accident :

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

SML 4885U

INSRS:
WSP: MOVA
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

DATE / PIC

SML 4885U - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date	Created By	DATE / PIC
NBA/INC20006703/Y 25/06/2020 LUO MEI SML 4885U SLS 1957R 29/05/2020 01/07/2020 RBA	Non-Reporting ltr (1st):	
SHA 5173B - X	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:	☐
	Post-Repair Photos:	☐
	Others:	☐

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION Submit

Date/Time:

Confirm with:

Confirm by:

Repair Cost: 4 sum S\$ 16850.00 (5 days) Reduction: 74. % Excluded check items Email ☐ Call ☐FINAL SETTLEMENT Date/Time: Confirm with \$28006.95 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\$

Disbursement: S\$ (e.g. Tow/ Independent)

Legal Cost S\$

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:

1) Claim status: Normal/Reject/Private Settle (w)

2) Report Format: TP

3) Survey fee: \$250.00