

INS. CASE OWNER:

ASSIGNMENT

Surveyor: KENNETH DOI: 26/09/2022 Date / Time : 23.09.2022

Registered in Merimen: _____

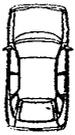
Pre-assign / CCU / FTE



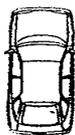
Insured Vehicle No. : SH 9052Z Claim No. : S2M04BL9
 Name of Insured : COMFORT TRANSPORTATION PTE LTD Policy No. : P2465679
 Insured Tel No. : _____ HP: _____ Make / Model : _____
 Excess Sec II :\$\$ D.O.A : 19/09/2022 07:00 Place of Accident : Lorong Chuan
 Is driver the owner? (YES / NO) Nature of 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**

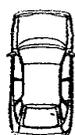
SMZ 2835D



INSRS: _____
 WSP: TONG LUCK
 Tel : AUTO P/L
 Liability : _____
 RMKS: _____



INSRS: _____
 WSP: _____
 Tel : _____
 Liability : _____
 RMKS: _____



INSRS: _____
 WSP: _____
 Tel : _____
 Liability : _____
 RMKS: _____



INSRS: _____
 WSP: _____
 Tel : _____
 Liability : _____
 RMKS: _____

Date/ Time	STAGE	DATE / PIC
SMZ 2835D - X		
SH 9052Z - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By		
CC3/AIG13003348/H1g2t2y 21/03/2013 SH 9052Z SFU 3421S 10/02/2019 25/08/2013 SBS		
CC3/III16017844/R1yg3q2 16/01/2017 SKM 9606U SH 9052Z 17/09/2016 17/01/2017 LSH1		
CC4/ASM22006308/Kpa3 01/07/2022 SML 4115J SH 9052Z 29/06/2022 HMK (if non-pickup):		
CC4/III17006796/R1pa3q2 18/09/2017 SKT 2220H SH 9052Z 04/04/2017 19/09/2017 HMK		
CS/III12008775/T1qn 27/06/2012 SKC 6935S SH 9052Z 07/01/2012 28/06/2012 SSC		
CS/III12013670/Aqn 07/08/2012 SJS 5936Z SH 9052Z 07/07/2012 17/08/2012 SSC		
NA/MSG14014320/r3 30/07/2014 MOHD TELANI BIN ALI FN 222T SH 9052Z 26/07/2014 07/08/2014 RBW		
NS/INC11005730/H1fg1 02/05/2011 SH 9052Z SGF 1512T 27/03/2011 29/04/2011 LPY		
	Documentation Check List: Handler Typist	
	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"/>
	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____		
FINALIZATION Submit Date/Time: _____ Confirm with: _____ Confirm by: _____		
Repair Cost: P/P S\$ 1,120.00 (2 days) Reduction: 84 % Email <input type="checkbox"/> Call <input type="checkbox"/>		
FINAL SETTLEMENT 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"/> [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 <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: _____		

***TP withdraw as OI had done private settlement**
***Submit WP to AXA**

1) Claim status: ~~Normal/Reject/Private Settle~~ **/WP**
 2) Report Format: **TP**
 3) Survey fee: **\$250.00**