

INS. CASE OWNER:

ASSIGNMENTSurveyor: **KENNETH**DOI: **17/10/2022**Date / Time : **05/10/2022**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SHA 3392Z**Claim No. : **S2M04CBG**Name of Insured : **COMFORT TRANSPORTATION PTE LTD**Policy No. : **P2465714**

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **05/10/2022 09:15**Place of Accident : **TOWARDS CITY BEFORE CLEMENTI AVENUE 6**

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 8706C**INSRS:
WSP: **Munich Autocare Pte Ltd**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
SML 8706C - X			
SHA 3392Z - Reference	Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date	Non-Reporting Ltr Created By	
CC3/AIG12019015/H1a2g2z1	03/11/2012 SHA 3392Z SGZ 9592D 28/09/2012	Non-Reporting Ltr (Final):	
CS/III13011664/Utu2	15/08/2013 SGF 211T SHA 3392Z 26/06/2013 16/08/2013	Non-Reporting Ltr (Final):	
NS/INC10002655/Fg1	24/03/2010 SHA 3392Z SGZ 9737D 07/02/2010 24/03/2010	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: L/SUM	S\$ 3,000.00 (3 days) Reduction: 79 %	Email ☒ Call ☐	
FINAL SETTLEMENT	Date/Time: 16/02/2023 Confirm with Angela	Email ☒ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 0	
Repair Cost: 7% GST	S\$ 3,210.00		
Loss of Rental (LOR):	S\$ 276.00 (3 days) \$92.00		
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\$ 7.45		
Medical:	S\$	1) Claim status: Normal/ Reject/Partial Settlement	
Disbursement:	S\$ (e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost	S\$	3) Survey fee: \$350.00	
Total:	S\$ 3,493.45	Global Sum S\$:	
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☒ Call ☐	
Payee 1:	S\$ 3,493.45 Name 1: MUNICH AUTOCARE PTE LTD		
Payee 2: (Strike if N.A.)	S\$ Name 2:		
Payee 3: (Strike if N.A.)	S\$ Name 3:		