

INS. CASE OWNER:

ASSIGNMENTSurveyor: **ADRIAN**DOI: **11/04/2023**Date / Time : **11.04.2023**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SHA 3097B**Claim No. : **S3M04LFV**Name of Insured : **COMFORT TRANSPORTATION PTE LTD**Policy No. : **P2478218**

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$D.O.A : **10.04.2023 18:45**Place of Accident : **SLE TOWARDS BKE BEFORE MANDALAY ROAD**

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**SLE 6016Y**INSRS:
WSP: **N-51**
Tel : **AUTOMOTIVE**
Liability : **PTE LTD**
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
SLE 6016Y - X			
SHA 3097B - Reference Entry	Customer Name	Vehicle No.	TP Vehicle No.
	CB/AIG09016722/wz1 27/07/2009	SHA 3097B SFX 7023R	03/04/2006 28/07/2009 TMS
	CS/FCI14021874/Rtj3d1 03/12/2014	SFG 3820U SHA 3097B	17/11/2014 03/12/2014 KPE
	NA/AIG19007349/z4 25/04/2019	LEE CHOON SHIONG, JERRY (LI JUNXIONG)	SKV 3889 SHA 3097B 24/04/2019 26/04/2019 HZT
		Non-Reporting ltr (1st):	
		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:	