

ASSIGNMENT

Surveyor:

KENNETH

DOI:

Date / Time : 18/12/2019

Registered in Merimen: 12/2019

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 4332R

Claim No. :

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Policy No. : MCOM0015

Insured Tel No. : HP:

Make / Model : HYUNDAI I40

Excess Sec II :S\$

D.O.A : 11/12/2019 12:15

Place of Accident : NORTH BRIDGE RD

Is driver the owner? ( YES / NO ) Nature of Accident :

If NO, Driver Name / Age : TOH KIM HAN

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

Driver Tel No. : +65-96630770

(V/L: YES / NO )

Insured Liability : % Final ? Yes / No

SGN 5242D

INSRS:  
WSP: NGS  
Tel: AUTOMOTIVE  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                                                                                                                                                           | STAGE                                                                             | DATE / PIC                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| SGN 5242D - X                                                                                                                                                        | Non-Reporting ltr (1st):                                                          |                                                                         |
| SHA 4332R - CC3/ICS17017929/K1ea3q2; DOA: 13.09.17                                                                                                                   | Non-Reporting ltr (2nd):                                                          |                                                                         |
| - CC3/TMI16003339/H1qh3n2; DOA: 18/02/19                                                                                                                             | 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:                                                                                                                                        | Post-Repair Photos:                                                               |                                                                         |
| Sent By:                                                                                                                                                             | Others:                                                                           |                                                                         |
| FINALIZATION Date/Time:                                                                                                                                              | Confirm with:                                                                     | Confirm by: KENNETH                                                     |
| Repair Cost: L/S S\$ 2000.00 ( 4 days) Reduction: 3421.70 % 63                                                                                                       | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>           |                                                                         |
| FINAL SETTLEMENT Date/Time: 18/03/2020 Confirm with: EVELYN                                                                                                          | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>           |                                                                         |
| Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 26                                                                                                         | If NO or B 28, Ass. Lia :                                                         |                                                                         |
| Repair Cost: S\$ 2000.00                                                                                                                                             |                                                                                   |                                                                         |
| Loss of Rental (LOR): S\$ ( days)                                                                                                                                    |                                                                                   |                                                                         |
| Loss of Use (LOU): S\$ 300.00 (\$ 50 x 6 days)                                                                                                                       |                                                                                   |                                                                         |
| Loss of Income (LOI): S\$ (\$ x days)                                                                                                                                |                                                                                   |                                                                         |
| LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one] |                                                                                   |                                                                         |
| GIA/LTA Search S\$ 7.45                                                                                                                                              |                                                                                   |                                                                         |
| Medical: S\$                                                                                                                                                         | 1) Claim status: <input checked="" type="checkbox"/> Normal/Reject/Private Settle |                                                                         |
| Disbursement: S\$ (e.g. Tow/ Independent )                                                                                                                           | 2) Report Format: TP                                                              |                                                                         |
| Legal Cost S\$                                                                                                                                                       | 3) Survey fee: \$350.00                                                           |                                                                         |
| Total: S\$ 2307.45 Global Sum S\$: 2300.00                                                                                                                           |                                                                                   |                                                                         |
| FINAL PAYMENT Date/Time:                                                                                                                                             | Confirm with:                                                                     | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |
| Payee 1: S\$ 2300.00 Name 1: NGS AUTOMOTIVE                                                                                                                          |                                                                                   |                                                                         |
| Payee 2: (Strike if N.A.) S\$ Name 2:                                                                                                                                |                                                                                   |                                                                         |
| Payee 3: (Strike if N.A.) S\$ Name 3:                                                                                                                                |                                                                                   |                                                                         |