

ASSIGNMENT

Surveyor: STEVE | DOI: 18/12/2019 | Date / Time: 18/12/2019  
 Registered in Merimen: \_\_\_\_\_

**Pre-assign / CCU / FTE**



Insured Vehicle No. : SHA 3638R | Claim No. : D19007949MFSH  
 Name of Insured : COMFORT TRANSPORTATION PTE LTD | Policy No. : D-19092580MFSH  
 Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ | Make / Model : \_\_\_\_\_  
 Excess Sec II : \$S\$ | D.O.A : 15/12/2019 19:50 | Place of Accident : MARINA BLVD >> TEMASEK BLVD  
 Is driver the owner? ( YES /  NO ) | Nature of Accident : \_\_\_\_\_  
 If NO, Driver Name / Age : TAY GIM WAH | OI GIA REPORT:  YES / NO ; TP GIA REPORT:  YES / NO  
 Driver Tel No. : +65-97925662 (V/L: YES / NO ) | Insured Liability : \_\_\_\_\_ % | Final ? Yes / No

SLU 3026D



INSRS: \_\_\_\_\_  
 WSP: WEARNES  
 Tel : \_\_\_\_\_  
 Liability : \_\_\_\_\_  
 RMKS: \_\_\_\_\_



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 RMKS: \_\_\_\_\_

| Date/ Time                               | STAGE  | DATE / PIC                          |
|--|--|-------------------------------------|
|  | SLU 3026D - X                                      |                                     |
|  | SHA 3638R - CC3/AIG14017831/M1we3w2; DOA: 15.09.14 |                                     |
| <u>3/3/2020</u><br><u>Kishor Chandra</u> | <u>File pass to type mandate.</u>                  |                                     |
|  | Non-Reporting ltr (1st):                           |                                     |
|  | Non-Reporting ltr (2nd):                           |                                     |
|  | Non-Reporting ltr (Final):                         |                                     |
|  | Notification ltr (if non-pickup):                  |                                     |
|  | Call OI:   |                                     |
|  | After call ltr to OI:                              |                                     |
|  | <b>Documentation Check List:</b> Handler Typist    |                                     |
|  | Notification ltr (if non-pickup)                   | <input type="checkbox"/>            |
|  | After call ltr to OI:                              | <input type="checkbox"/>            |
|  | Authorisation To Act:                              | <input checked="" type="checkbox"/> |
|  | Release Voucher:                                   | <input checked="" type="checkbox"/> |
|  | Final Repair Bill:                                 | <input checked="" type="checkbox"/> |
|  | Car Rental Invoice:                                | <input type="checkbox"/>            |
|  | Towing Invoice:                                    | <input type="checkbox"/>            |
|  | LTA / GIA :  | <input checked="" type="checkbox"/> |
|  | Medical Bill:                                      | <input type="checkbox"/>            |
|  | PIR:   | <input type="checkbox"/>            |
|  | Mandate/Reject Instruction:                        | <input checked="" type="checkbox"/> |
|  | LOD:   | <input checked="" type="checkbox"/> |
|  | Payment Breakdown Form:                            | <input type="checkbox"/>            |

PRELIMINARY ADVICE Date/Time: \_\_\_\_\_ Sent By: \_\_\_\_\_ Post-Repair Photos:     
 Others:

FINALIZATION Date/Time: \_\_\_\_\_ Confirm with: \_\_\_\_\_ Confirm by: \_\_\_\_\_  
 Repair Cost: PIP \$S\$ 7,809.33 ( 4 days) Reduction: 57 % Email  Call

FINAL SETTLEMENT Date/Time: 5/7/2020 Confirm with Christine Email  Call

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 15 If NO or B 28, Ass. Lia : \_\_\_\_\_

Repair Cost: (w/bst) \$S\$ 8,355.98 (010 CHANGE LANE) ✓

Loss of Rental (LOR): \$S\$ \_\_\_\_\_ ( \_\_\_\_\_ days)  
 Loss of Use (LOU): \$S\$ 400 (\$ 100 x 4 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\$ 200 (e.g. Tow/ Independent )  
 Legal Cost \$S\$ \_\_\_\_\_

Total: \$S\$ 8,955.98 Global Sum \$S\$: \_\_\_\_\_  
 1) Claim status: Normal / Reject / Private Settle  
 2) Report Format: TP  
 3) Survey fee: \$600

FINAL PAYMENT Date/Time: \_\_\_\_\_ Confirm with: \_\_\_\_\_ Email  Call

Payee 1: \$S\$ 8,955.98 Name 1: WEARNES AUTOMOTIVE PTE LTD

Payee 2: (Strike if N.A.) \$S\$ \_\_\_\_\_ Name 2: \_\_\_\_\_  
 Payee 3: (Strike if N.A.) \$S\$ \_\_\_\_\_ Name 3: \_\_\_\_\_