

ASSIGNMENT

Surveyor:

LEE HOCK ANN

DOI: 26/12/2019

Date / Time : 26.12.2019

Registered in Merimen: 26.12.2019

Pre-assign / CCU / FTE



Insured Vehicle No. : SHD 6594Y
 Name of Insured : COMFORT TRANSPORTATION
 Insured Tel No. : HP: _____
 Excess Sec II : \$
 Insured Tel No. : D.O.A : 21/12/2019 16:10
 Is driver the owner? (YES / NO)
 Nature of Accident :

Claim No. :
 Policy No. : MCOM0015
 Make / Model : HYUNDAI I40
 Place of Accident : ADMIRALITY ST (LOOP)

If NO, Driver Name / Age : GARY SOO CHEE SIONG(SU ZHISONG) OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : +65-96820899 (V/L: YES / NO) Insured Liability : % Final ? Yes / No

SKV 5968D



INSRS:
 WSP: SAT MOTORS
 Tel :
 Liability :
 RMKS:



INSRS:
 WSP:
 Tel :
 Liability :
 RMKS:



INSRS:
 WSP:
 Tel :
 Liability :
 RMKS:



INSRS:
 WSP:
 Tel :
 Liability :
 RMKS:

Date/ Time	STAGE	DATE / PIC
	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:	
	Post-Repair Photos:	
	Others:	

PRELIMINARY ADVICE	Date/Time:	Sent By:	Confirm by:
Repair Cost: L/sum	\$S 4,050.00 (5 days)	Reduction: 71 %	Email <input type="checkbox"/> Call <input type="checkbox"/>

FINAL SETTLEMENT	Date/Time: 20/04/2020	Confirm with: Jonathan	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
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Final Liability:	(Agreed / Assessed) BOLA S/N No. :	NIL	If NO or B 28, Ass. Lia :
Repair Cost:	\$S 4,050.00		
Loss of Rental (LOR):	\$S 1,050.00 (7 days)	x \$150.00	
Loss of Use (LOU):	\$S (\$ x days)		
Loss of Income (LOI):	\$S (\$ x days)		
LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]			
GIA/LTA Search	\$S 7.45		1) Claim status: Normal/Rejected/Private Settlement
Medical:	\$S		2) Report Format: TP
Disbursement:	\$S 120.00	(e.g. Tow Independent)	3) Survey fee: \$500.00
Legal Cost	\$S		
Total:	\$S 5,227.45	Global Sum \$S:	
FINAL PAYMENT	Date/Time:	Confirm with:	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	\$S 5,227.45	Name 1: Sat Motors - SAT (SG) PTE LTD	
Payee 2: (Strike if N.A.)	\$S	Name 2:	
Payee 3: (Strike if N.A.)	\$S	Name 3:	