

ASSIGNMENT

Surveyor:

MARCUS

DOI: 10/01/2020

Date / Time : 09/01/2020

Registered in Merimen: 10/01/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SHD 3501K

Claim No. :

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Policy No. : MCOM0015

Insured Tel No. : HP: 07/01/2020

Make / Model : HYUNDAI I40

Excess Sec II :SS

D.O.A : 07/01/2020

Place of Accident : JLN TENTARAM X JLN BAHAGIA

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

If NO, Driver Name / Age : CHEONG LAI HUAT

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

Driver Tel No. : +65-97308769 (V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SMM 2738U

INSRS:
WSP: FOCUS AUTO
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SMM 2738U - X	Non-Reporting ltr (1st):	
	SHD 3501K - CS/III12014467/Gkk3; DOA: 21.07.12	Non-Reporting ltr (2nd):	
	- CC3/III16019878/T1ua3q2; DOA : 09.10.16	Non-Reporting ltr (Final):	
	- CC3/AIG16019326/H1za3q2; DOA: 09.10.16	Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
15/04/2020	Pls refer to Views for details.	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:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: L/sum S\$ 1,900.00 (3 days) Reduction: 47 %

Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 15/04/2020 Confirm with Jenny

Email ☒ Call ☐

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 9c

If NO or B 28, Ass. Lia :

Repair Cost: w/GST S\$ 2,033.00

Loss of Rental (LOR): S\$ 210.00 (3 days) x \$70

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\$ 29.00

Medical: S\$

Disbursement: S\$ (e.g. Tow/ Independent)

Legal Cost S\$

Total: S\$ 2,272.00 Global Sum S\$ 2,270.00

Email ☒ Call ☐

FINAL PAYMENT

Date/Time:

Confirm with:

Payee 1: S\$ 2,270.00

Name 1:

Focus Auto Pte Ltd

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

Name 2:

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

Name 3:

1) Claim status: Normal/R

2) Report Format: TP

3) Survey fee: \$350.00