

**ASSIGNMENT**

Surveyor:

OI SUN PIN

DOI:

*18/1/2020*

Date / Time : 09/01/2020

Registered in Merimen:

**Pre-assign / CCU / FTE**



Insured Vehicle No. : **SHA 7053N**

Claim No. :

Name of Insured : **COMFORT TRANSPORTATION PTE LTD**

Policy No. : **MCOM0015**

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : **TOYOTA PRIUS**

Excess Sec II :\$ \$ \_\_\_\_\_ D.O.A : **08/01/2020 06:40**

Place of Accident : **MOULMEIN ROAD X JALAN TAN TOCK SENG**

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

If NO, Driver Name / Age : **KOH KWEE CHA**

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

Driver Tel No. : **+65-97741445** (V/L: YES / NO )

Insured Liability : % **Final ? Yes / No**

**SHC 4198B**



INSRS: WSP: **SMRT , WL**

Tel : \_\_\_\_\_ Liability :

RMKS:



INSRS: WSP: \_\_\_\_\_

Tel : \_\_\_\_\_ Liability :

RMKS:



INSRS: WSP: \_\_\_\_\_

Tel : \_\_\_\_\_ Liability :

RMKS:



INSRS: WSP: \_\_\_\_\_

Tel : \_\_\_\_\_ Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC
	SHC 4198B - NS/INC19016522/Evf3e2; DOA: 09.07.2019	
	- CC4/ASM18023012/Jha3s2; DOA: 20.12.2018	
	- NBA/CTI18003269/Y; DOA: 20.02.18	
	SHA 7053B - CC4/III19019845/Dgb3; DOA: 04.11.209	
19/04/2020	Pls refer to Views for details.	
	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)	<input type="checkbox"/> <input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
	PIR:	<input type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
	LOD	<input type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>

**PRELIMINARY ADVICE** Date/Time: \_\_\_\_\_ Sent By: \_\_\_\_\_

**FINALIZATION** Date/Time: \_\_\_\_\_ Confirm with: \_\_\_\_\_ Confirm by: \_\_\_\_\_  
 Repair Cost: **P/P** S\$ **8,520.17** ( **4** days) Reduction: **63** % Email  Call

**FINAL SETTLEMENT** Date/Time: **19/04/2020** Confirm with **Lee Gek** Email  Call   
 Final Liability: % **100** (Agreed / Assessed) BOLA S/N No. : **5** If NO or B 28, Ass. Lia :

Repair Cost: S\$ **8,520.17**

Loss of Rental (LOR): S\$ **674.10** ( **6** days) x \$112.35

Loss of Use (LOU): S\$ \_\_\_\_\_ (\$ \_\_\_\_\_ x \_\_\_\_\_ days)

Loss of Income (LOI): S\$ **240.00** (\$ **40** x **6** days)

LOR only  LOU only  LOR + LOU  LOR + LOI  [Tick only one]

GIA/LTA Search S\$ \_\_\_\_\_

Medical: S\$ \_\_\_\_\_

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

Legal Cost S\$ \_\_\_\_\_

**Total:** S\$ **9,434.27** **Global Sum S\$: 9,430.00**

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

Payee 1: S\$ **9,430.00** Name 1: **SMRT Taxis Pte Ltd**

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

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

- 1) Claim status: Normal/~~Repair/Other~~
- 2) Report Format: **TP**
- 3) Survey fee: **\$600.00**