

ASSIGNMENT

Surveyor: KENNETH

DOI: 21/01/2020

Date / Time: 21/01/2020

Registered in Merimen: 21/01/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 7335M
 Name of Insured : COMFORT TRANSPORTATION PTE LTD
 Insured Tel No. : _____ HP: _____
 Excess Sec II :S\$ _____ D.O.A: 19/01/2020
 Is driver the owner? (YES / NO) Nature of Accident : _____

Claim No. : _____
 Policy No. : MCOM0015
 Make / Model : HYUNDAI IONIQ HYBRID
 Place of Accident : BAYFRONT AVE OUTSIDE MBS CASINO TAXI STAND

If NO, Driver Name / Age : SEET ONN CHUEN
 Driver Tel No. : +65-98181362 (V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
 Insured Liability : _____ % Final ? Yes / No

SLP 402Y



INSRS:
WSP: ESTEEM
Tel : PML
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
	SLP 402Y- CC4/FWD19021823/Kga3; DOA: 09.12.19	
	- NA/INC19012414/r3; DOA: 13.07.19	
	SHA 7335M - NS/INC11016790/H1qn; DOA: 26.09.11	
	- CC3/AIG09009143/Yq1; DOA: 25.04.09	
	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"/>	
PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos: <input type="checkbox"/> <input type="checkbox"/>
		Others: <input type="checkbox"/> <input type="checkbox"/>
FINALIZATION Date/Time:	Confirm with:	Confirm by:
Repair Cost: P/P S\$ 3049.86 (4 days) Reduction: 6237.04 % 67		Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT Date/Time: 27/08/2020 Confirm with CARMEN		Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Final Liability: % 50 (Agreed / Assessed) BOLA S/N No. : 14a		If NO or B 28, Ass. Lia :
Repair Cost: 3263.35 S\$ 1631.68 (W/GST)		
Loss of Rental (LOR): S\$ (days)		
Loss of Use (LOU): 480.00 S\$ 240.00 (\$ 80 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\$ 1879.13	Global Sum S\$:	
FINAL PAYMENT Date/Time:	Confirm with:	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Payee 1: S\$ 1879.13	Name 1: ESTEEM PERFORMANCE PTE LTD	
Payee 2: (Strike if N.A.) S\$	Name 2:	
Payee 3: (Strike if N.A.) S\$	Name 3:	

