

ASSIGNMENT

Surveyor: **ADRIAN**

DOI: 07/07/2020

Date / Time: **04/02/2020**

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : **SHB 6226X** Claim No. : **D20000720MFSH**
 Name of Insured : **COMFORT TRANSPORTATION PTE LTD** Policy No. : **D-20094922MFSH**
 Insured Tel No. : _____ HP: _____ Make / Model : **HYUNDAI IONIQ**
 Excess Sec II :\$S\$ D.O.A : **30/01/2020 06:10** Place of Accident : **TERMINAL 3 ARRIVAL HALL**
 Is driver the owner? (YES / **NO**) Nature of Accident : _____
 If NO, Driver Name / Age : **WONG KIM HENG(HUANG JIANXING)** OI GIA REPORT: **YES** / NO ; TP GIA REPORT: **YES** / NO
 Driver Tel No. : **+65-90267597** (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

Rx

SLL 1467A



INSRS:
WSP: *KAP HONG*
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
	SLL 1467A - X	
	SHB 6226X - NA/MSG19014736/z4; DOA: 21.08.19	
	- NBA/GAI18018572/Y; DOA: 11.10.18	
	- CS/FCI18019428/R1sd3s2; DOA: 11.10.18	
	- CS/FCI18003472/T1vd3e2; DOA: 20.02.18	
	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: \$S\$ (_____ days) Reduction: % _____ Email Call

FINAL SETTLEMENT Date/Time: _____ Confirm with: _____ Email Call
 Final Liability: % (Agreed / Assessed) BOLA S/N No. : _____ If NO or B 28, Ass. Lia : _____

Repair Cost: \$S\$
 Loss of Rental (LOR): \$S\$ (_____ days)
 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\$
 Medical: \$S\$
 Disbursement: \$S\$ (e.g. Tow/ Independent)
 Legal Cost \$S\$
 1) Claim status: Normal/Reject/Private Settle
 2) Report Format:
 3) Survey fee:

Total: \$S\$ **Global Sum \$S\$:**

FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email Call

Payee 1: \$S\$ Name 1: _____
 Payee 2: (Strike if N.A.) \$S\$ Name 2: _____
 Payee 3: (Strike if N.A.) \$S\$ Name 3: _____

