

ASSIGNMENT

Surveyor:

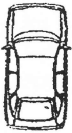
MARCUS

DOI: 04.03.2020

Date / Time : 04.03.2020

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SHD 4440X

Claim No. :

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Policy No. :

Insured Tel No. : HP:

Make / Model : Toyota Prius

Excess Sec II :S\$

D.O.A : 24/02/2020

Place of Accident : T Junction of Jalan Besar and

Is driver the owner? (YES / ☒ NO)

Nature of Accident :

Mayo St

If NO, Driver Name / Age : Hairulnarashid

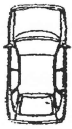
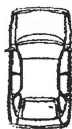
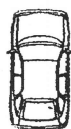
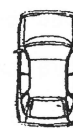
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : 8876 5994

(V/L: YES / NO)

Insured Liability : % Final ? Yes / No

FW 180X

INSRS:
WSP: EROFIA
Tel: MOTOR
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time		STAGE	DATE / PIC
	FW 180X - X		
	SHD 4440X - CC3/QW16023879/H1ya3q2; 12.12.16	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
27-08-20	CCTV FOOTAGE SHOWS CLEARLY TP OVERTOOK 1/2 VEHICLE WHO WAS TURNING RIGHT FROM RIGHT MOST LANE. TP IS AT FAULT FOR CAUSING THE ACCIDENT, TO REJECT TP CLAIM.	Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
		Documentation Check List:	Handler Typist
28-08-20	SINCE PRINCIPAL INSTRUCTED TO SETTLE WITH TP WE CAN PROCEED.	Notification ltr (if non-pickup)	☐
		After call ltr to OI:	☐
		Authorisation To Act:	☒
		Release Voucher:	☒
1/10/2020	PAY TO ADMIN TO CLOSURE, SUPP DOCS. UPLOADED IN NEWS	Final Repair Bill:	☒
		Car Rental Invoice:	☐
		Towing Invoice	☐
		LTA / GIA :	☐
		Medical Bill:	☐
		PIR:	☐
		Mandate/Reject Instruction:	☒
		LOD	☒
		Payment Breakdown Form:	☐
PRELIMINARY ADVICE	Date/Time:	Sent By:	Post-Repair Photos: ☐
			Others: ☐

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost:	S\$ 2600.00 (4 days) Reduction: 58 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 30/9/2020	Confirm with: ub lee	Email ☒ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : N/C		If NO or B 28, Ass. Lia :
Repair Cost:	S\$ 2600.00		
Loss of Rental (LOR):	S\$ - (days)		
Loss of Use (LOU):	S\$ 120.00 (\$ 20 x 6 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\$ -		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S\$ - (e.g. Tow/ Independent)		2) Report Format: TP
Legal Cost	S\$ -		3) Survey fee: \$350
Total:	S\$ 2720.00	Global Sum S\$:	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S\$ 2720.00	Name 1: EROFIA Motor Trading Pte Ltd	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	