

Chen Tan

CC4/FCI20004040/Dba3q2

ASSIGNMENT

Surveyor:

BRYAN

DOI:

16/03/2020

Date / Time :

16/03/2020

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SHD 3466D
 Name of Insured : COMFORT TRANSPORTATION PTE LTD
 Insured Tel No. : _____ HP: _____
 Excess Sec II : \$ \$ _____ D.O.A : 11/03/2020
 Is driver the owner? (YES / NO) Nature of Accident : _____

Claim No. : D20001455MFSH
 Policy No. : D-20094922MFSH
 Make / Model : _____
 Place of Accident : ALONG TIONG BAHRU ROAD

If NO, Driver Name / Age : LAI KIM SIONG (LAI JINXIANG)

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

Driver Tel No. :

(V/L: YES / NO)

Insured Liability : %

Final ? Yes / No

SH 9922M



INSRS:
WSP: BIFROST AUTO
Tel : _____
Liability : _____
RMKS: _____



INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____

Date/ Time	STAGE	DATE / PIC
	SH 9922M - CC3/AIG16020409/M1wa3q2 - 21/10/2016	
	NBA/INC19018090/Y - 12/10/2019	
	NS/INC19018115/Fqf3e2 - 12/10/2019	
	SHD 3466D - CC3/TMI16005735/H1qbn2 - 26/03/2016	
	CC4/AIG18022324/Dka3 - 07/12/2018	
	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 checked="" type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input checked="" 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 checked="" type="checkbox"/> <input type="checkbox"/>
	LOD	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	
	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>

17/8/2020 settled & close (file in drawer)

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____

Repair Cost: L/S \$ \$ 13,000 (9 days) Reduction: 53.61 % Email Call

FINAL SETTLEMENT Date/Time: 13/08/2020 Confirm with MR LEE Email Call

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 15 If NO or B 28, Ass. Lia : _____

Repair Cost: (W/GR) \$ \$ 13,910.00

Loss of Rental (LOR): \$ \$ 1,638.00 (14 days) X \$ 117.00

Loss of Use (LOU): \$ \$ — (\$ — x — days)

Loss of Income (LOI): \$ \$ 700.00 (\$ 50 x 14 days)

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

GIA/LTA Search \$ \$ —

Medical: \$ \$ —

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

Legal Cost \$ \$ —

Total: \$ \$ 16,248.00 Global Sum \$ \$: 16,200.00

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

Payee 1: \$ \$ 16,200.00 Name 1: BIFROST AUTO PTE LTD.

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

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

1) Claim status: Normal Reject/Private Settle
 2) Report Format: TP
 3) Survey fee: \$600.00