

ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : 09/04/2020

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : SHD 4037C

Claim No. : _____

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$_____ D.O.A : 07/04/2020

Place of Accident : _____

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

If NO, Driver Name / Age :

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

Driver Tel No. : _____ (V/L: YES / NO)

Insured Liability : % **Final ? Yes / No****SKN 4667X**INSRS:
WSP: CITY AUTO
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SKN 4667X - X		STAGE	DATE / PIC
			Non-Reporting ltr (1st):	
			Non-Reporting ltr (2nd):	
	SHD 4037C - CC4/AXA13002926/H1hf3c3	06/02/2013	Non-Reporting ltr (Final):	
	CS/III13018392/H1qy3d1	01/10/2013	Notification ltr (if non-pickup):	
	CS/MSG18002460/K1rd3n2	04/02/2018	Call OI:	
	CS/RSI12016755/H1qk3	28/08/2012	After call ltr to OI:	
	Documentation Check List: Handler Typist			
			Notification ltr (if non-pickup)	☐
			After call ltr to OI:	☐
			Authorisation To Act:	☐
			Release Voucher:	☐
			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: L/S	S\$ 4000.00	(7 days) Reduction: 3435.88 % 46	Email ☐	Call ☐
FINAL SETTLEMENT Date/Time: 29/09/2020 Confirm with VRONICA			Email ☒	Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 14	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ 4280.00	(W/GST)		
Loss of Rental (LOR):	S\$ 800.00	(8 days) x \$100.00		
Loss of Use (LOU):	S\$ 60.00	(\$ 60 x 1 days)		
Loss of Income (LOI):	S\$	(\$ x days)		
LOR only ☒	LOU only ☐	LOR + LOU ☐	[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: \$298.00	
Total:	S\$ 5140.00	Global Sum S\$:		
FINAL PAYMENT Date/Time: _____ Confirm with: _____			Email ☒	Call ☐
Payee 1:	S\$ 5140.00	Name 1: CITY AUTO PTE LTD		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		