

ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : 12/05/2020

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : SH 6800B

Claim No. : D20002099MFSH

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Policy No. : D-20094922MFSH

Insured Tel No. : _____ HP: _____

Make / Model : HYUNDAI 140

Excess Sec II :\$ _____ D.O.A : 08/05/2020

Place of Accident : BLK 13 YORK HILL ENTRANCE

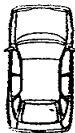
Is driver the owner? (YES / ☒ NO) Nature of Accident : _____

If NO, Driver Name / Age : HANIF BIN IDIL

OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NODriver Tel No. : 87493945 (V/L: ☒ YES / NO)

Insured Liability : % Final ? Yes / No

SLV 6421X

INSRS: TONY
WSP: AUTOMOTIVE
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SLV 6421X - x	Non-Reporting ltr (1st):	
	SH 6800B - CC3/AIG08019954/VDn 07/07/2008	Non-Reporting ltr (2nd):	
	CS/FCI18012764/Dtd3n2 12/07/2018	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)	☐ ☐
		After call ltr to OI:	☐ ☐
		Authorisation To Act:	☒ ☐
		Release Voucher:	☒ ☐
		Final Repair Bill:	☒ ☐
		Car Rental Invoice:	☒ ☐
		Towing Invoice	☐ ☐
		LTA / GIA :	☒ ☐
30/09/2020	SETTLED AND CLOSED/ FILE IN DRAWER	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\$ 6,100.00 (6 days) Reduction: 61.37 %	Email ☒ Call ☐	
FINAL SETTLEMENT	Date/Time: 26/09/2020 Confirm with TONY	Email ☒ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ 6,100.00		
Loss of Rental (LOR)(w/GST)	S\$ 749.00 (7 days) X \$100.00	Based on insured's video footage,	
Loss of Use (LOU):	S\$ (\$ x days)	insured encroached into third party's lane	
Loss of Income (LOI):	S\$ (\$ x days)	when turning.	
LOR only ☒ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
GIA/LTA Search	S\$ 36.45		
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: \$600.00	
Total:	S\$ 6,885.45	Global Sum S\$: 6,850.00	
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☐ Call ☐	
Payee 1:	S\$ 6,850.00	Name 1: TONY AUTOMOTIVE PTE LTD	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	