

ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : 13/05/2020

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : SH 9287M

Claim No. : D20002100MFSH

Name of Insured : COMFORT TRANSPORTATION PTE LTD Policy No. : D-20094922MFSH

Insured Tel No. : _____ HP: _____ Make / Model : HYUNDAI 140

Excess Sec II :S\$ _____ D.O.A : 09/05/2020 Place of Accident : BUKIT PANJANG ROAD

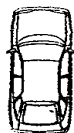
Is driver the owner? (YES / ☒ NO) Nature of Accident : _____

If NO, Driver Name / Age : MISBARI B MEDAN

OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NODriver Tel No. : 94553046 (V/L: ☒ YES / NO)

Insured Liability : % Final ? Yes / No

SLC 586T

INSRS:
WSP: MY CAR
Tel : CONSULTANT
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
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Date/ Time																																																																
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FINALIZATION	Date/Time: _____	Confirm with: _____ Confirm by: _____																																																														
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FINAL SETTLEMENT	Date/Time: _____ Confirm with _____	Email <input type="checkbox"/> Call <input type="checkbox"/>																																																														
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Repair Cost:	S\$ _____																																																															
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Loss of Use (LOU):	S\$ _____ (\$ _____ x _____ days)																																																															
Loss of Income (LOI):	S\$ _____ (\$ _____ x _____ days)																																																															
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Disbursement:	S\$ _____ (e.g. Tow/ Independent)	2) Report Format:																																																														
Legal Cost	S\$ _____	3) Survey fee:																																																														
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Payee 3: (Strike if N.A.)	S\$ _____ Name 3: _____																																																															