

ASSIGNMENT

Surveyor: MARCUS DOI: _____ Date / Time : 26/05/2020
Registered in Merimen: _____

Pre-assign / CCU / FTE

	Insured Vehicle No.	:	<u>SHD 3366J</u>	Claim No.	:	<u>D20002218MFSH</u>
	Name of Insured	:	<u>COMFORT TRANSPORTATION PTE LTD</u>	Policy No.	:	<u>D-20094922MFSH</u>
	Insured Tel No.	:	<u> </u>	HP:	:	<u>HYUNDAI 140</u>
	Excess Sec II :S\$	:	<u> </u>	D.O.A :	:	<u>22/05/2020</u>
	Is driver the owner?	(YES / ☒ NO)	Nature of Accident :			<u>Place of Accident : YISHUN AVENUE 11</u>
	If NO , Driver Name / Age :	<u>NG CHIN PENG</u>	OI GIA REPORT:	☒ YES / NO ; TP GIA REPORT:	☒ YES / NO	
	Driver Tel No. :	<u>91991327</u>	(V/L: ☒ YES / NO)	Insured Liability :	%	Final ? Yes / No

FBB 879Y

	INSR: WSP: Tel : Liability : RMKS:		INSR: WSP: Tel : Liability : RMKS:		INSR: WSP: Tel : Liability : RMKS:		INSR: WSP: Tel : Liability : RMKS:
Tel : EURO SUCCESS SERV PTE. LTD.							

Date/ Time				
	FBB 879Y - X		STAGE	DATE / PIC
			Non-Reporting ltr (1st):	
	SHD 3366J - CC3/FCI16001996/Kqh3c2 11/06/2015		Non-Reporting ltr (2nd):	
	CC3/AIG12017048/H1a2t2q2 28/08/2012		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 :	☐	☐
		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\$ 1100.00 (4 days)	Reduction: 5304.10 % 82	Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: 19/10/2020	Confirm with KELVIN	Email ☒	Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ 1100.00			
Loss of Rental (LOR):	S\$ (days)		OI TURNING RIGHT, TP DRIVING STRAIGHT	
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\$ 7.49			
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: \$350.00	
Total:	S\$ 1227.49	Global Sum S\$: 1200.00		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☒	Call ☐
Payee 1:	S\$ 1200.00	Name 1:	EURO SUCCESS SERV PTE LTD	
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		