

ASSIGNMENTSurveyor: OI SUN PINDOI: 08/06/2020Date / Time : 04/06/2020

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : SHC 8477UClaim No. : D20002291MFSHName of Insured : COMFORT TRANSPORTATION PTE LTDPolicy No. : D-20094922MFSH

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ _____ D.O.A : 01/06/2020

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****SMC 6919R**INSRS:
WSP: AF & CARS PTE.LTD.
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SMC 6919R - X		STAGE	DATE / PIC
	SHC 8477U - CC3/AXA11011063/H1q1dk2 ; 07/06/2011		Non-Reporting ltr (1st):	
	CC3/AXA13012846/M1hy3w2 ; 15/07/2013		Non-Reporting ltr (2nd):	
	CS/FCI18016809/Ksbe2 ; 12/09/2018		Non-Reporting ltr (Final):	
	NA/INC10010551/s1 ; 31/05/2010		Notification ltr (if non-pickup):	
	NS/INC10010668/Fn ; 31/05/2010		Call OI:	
	NS/INC18019176/K1rbn2 ; 20/10/2018		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\$ 1250.00 (2 days) Reduction: 586.65 % 75	Email ☐	Call ☐
FINAL SETTLEMENT Date/Time: <u>23/11/2020</u> Confirm with <u>MIKE</u>			Email ☒	Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ 1250.00			
Loss of Rental (LOR):	S\$ (days)			
Loss of Use (LOU):	S\$ 100.00 (\$ 50 x 2 days)			
Loss of Income (LOI):	S\$ (\$ x days)			
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]				
GIA/LTA Search	S\$ 7.45			
Medical:	S\$		1) Claim status: ☒ Normal/Reject/Private Settle	
Disbursement:	S\$ (e.g. Tow/ Independent)		2) Report Format: <u>TP</u>	
Legal Cost	S\$		3) Survey fee: \$ 350.00	
Total:	S\$ 1357.45	Global Sum S\$: 1350.00		
FINAL PAYMENT Date/Time: _____ Confirm with: _____			Email ☒	Call ☐
Payee 1:	S\$ 1350.00	Name 1: <u>AF & CARS PTE.LTD</u>		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		