

**ASSIGNMENT**Surveyor: **KENNETH**DOI: **09/06/2020**Date / Time : **11/06/2020**Registered in Merimen: **11/06/2020****Pre-assign / CCU / FTE**Insured Vehicle No. : **SHA 7221H**Claim No. : **MCT20060045**Name of Insured : **COMFORT TRANSPORTATION PTE LTD**Policy No. : **MCOM0015**

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : **HYUNDAI IONIQ****Excess Sec II :S\$**D.O.A : **05/06/2020**Place of Accident : **THIRD HOSPITAL AVE (SGH)**

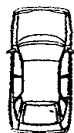
Is driver the owner? ( YES / NO ) Nature of Accident : \_\_\_\_\_

If **NO**, Driver Name / Age : **LIM HONG SENG**

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

Driver Tel No. : **94312405**

(V/L: YES / NO )

Insured Liability : % **Final ? Yes / No****SJR 568R**INSRS:  
WSP: **WEI LEE**  
Tel : **MOTOR WORKS**  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time		
	<b>SJR 568R - NS/INC19006720/K1td3n2 ; 12/04/2019 0</b>	<b>STAGE</b>
		<b>DATE / PIC</b>
	<b>SHA 7221H - CC3/AIG09002203/Yaq1 ; 26/01/2009</b>	Non-Reporting ltr (1st):
		Non-Reporting ltr (2nd):
		Non-Reporting ltr (Final):
		Notification ltr (if non-pickup):
		Call OI:
		After call ltr to OI:
		<b>Documentation Check List: Handler Typist</b>
		Notification ltr (if non-pickup) <input type="checkbox"/> <input type="checkbox"/>
		After call ltr to OI: <input type="checkbox"/> <input type="checkbox"/>
		Authorisation To Act: <input type="checkbox"/> <input type="checkbox"/>
		Release Voucher: <input type="checkbox"/> <input type="checkbox"/>
		Final Repair Bill: <input type="checkbox"/> <input type="checkbox"/>
		Car Rental Invoice: <input type="checkbox"/> <input type="checkbox"/>
		Towing Invoice <input type="checkbox"/> <input type="checkbox"/>
		LTA / GIA : <input type="checkbox"/> <input type="checkbox"/>
		Medical Bill: <input type="checkbox"/> <input type="checkbox"/>
		PIR: <input type="checkbox"/> <input type="checkbox"/>
		Mandate/Reject Instruction: <input type="checkbox"/> <input type="checkbox"/>
		LOD <input type="checkbox"/> <input type="checkbox"/>
		Payment Breakdown Form: <input type="checkbox"/> <input type="checkbox"/>
<b>PRELIMINARY ADVICE</b>	Date/Time: _____ Sent By: _____	Post-Repair Photos: <input type="checkbox"/> <input type="checkbox"/>
		Others: <input type="checkbox"/> <input type="checkbox"/>
<b>FINALIZATION</b>	Date/Time: _____ Confirm with: _____	Confirm by: _____
Repair Cost: S\$ _____	( _____ days) Reduction: _____ %	Email <input type="checkbox"/> Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b>	Date/Time: _____ Confirm with _____	Email <input type="checkbox"/> Call <input type="checkbox"/>
Final Liability: % _____	(Agreed / Assessed) BOLA S/N No. : _____	If NO or B 28, Ass. Lia : _____
Repair Cost: S\$ _____		
Loss of Rental (LOR): S\$ _____	( _____ days)	
Loss of Use (LOU): S\$ _____	(\$ _____ x _____ days)	
Loss of Income (LOI): S\$ _____	(\$ _____ x _____ days)	
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [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: _____
Legal Cost S\$ _____		3) Survey fee: _____
<b>Total: S\$ _____</b>	<b>Global Sum S\$: _____</b>	
<b>FINAL PAYMENT</b>	Date/Time: _____ Confirm with: _____	Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1: S\$ _____	Name 1: _____	
Payee 2: (Strike if N.A.) S\$ _____	Name 2: _____	
Payee 3: (Strike if N.A.) S\$ _____	Name 3: _____	