

ASSIGNMENT

Surveyor: BRYAN DOI: 12/06/2020 Date / Time : 12/06/2020
 Registered in Merimen: _____

Pre-assign / CCU / FTE



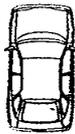
Insured Vehicle No. : SH 6096S Claim No. : D20002363MFSH
 Name of Insured : COMFORT TRANSPORTATION PTE LTD Policy No. : D-20094922MFSH
 Insured Tel No. : _____ HP: _____ Make / Model : HYUNDAI 140
Excess Sec II :S\$ _____ D.O.A : 08/06/2020 Place of Accident : ALONG ELIAS RD
 Is driver the owner? (YES / **NO**) Nature of Accident : _____

If **NO**, Driver Name / Age : KONG ENG HONG OI GIA REPORT: / NO ; TP GIA REPORT: / NO
 Driver Tel No. : 96408333 (V/L: / NO) Insured Liability : _____ % **Final ? Yes / No**

SHA 7964Y → _____ → _____ → _____



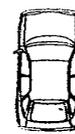
INSRS:
WSP: BIFROST AUTO
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SHA 7964Y -	SH 6096S -	STAGE	DATE / PIC
			Non-Reporting ltr (1st):	
			Non-Reporting ltr (2nd):	
			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)	<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"/>
PRELIMINARY ADVICE Date/Time:		Sent By:	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
			Others:	<input type="checkbox"/> <input type="checkbox"/>
FINALIZATION Date/Time:		Confirm with:	Confirm by: <u>ABT</u>	
Repair Cost: <u>L/S</u> S\$ <u>11,200.00</u> (<u>8</u> days) Reduction: <u>57</u> %			Email <input type="checkbox"/> Call <input type="checkbox"/>	
FINAL SETTLEMENT Date/Time: <u>05.05.21</u> Confirm with <u>MR LEE</u>			Email <input type="checkbox"/> Call <input type="checkbox"/>	
Final Liability: % <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>10</u>			If NO or B 28, Ass. Lia :	
Repair Cost: <u>w/GST</u> S\$ <u>11,984.00</u>			<u>OID EXIT FROM MINOR ROAD</u>	
Loss of Rental (LOR): S\$ <u>1,217.37</u> (<u>11</u> days) <u>X \$110.67</u>				
Loss of Use (LOU): S\$ <u>-</u> (\$ <u>-</u> x <u>-</u> days)				
Loss of Income (LOI): S\$ <u>550.00</u> (\$ <u>50</u> x <u>11</u> days)				
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input checked="" type="checkbox"/> [Tick only one]				
GIA/LTA Search S\$ <u>-</u>				
Medical: S\$ <u>-</u>				
Disbursement: S\$ <u>-</u> (e.g. Tow/ Independent)			1) Claim status: Normal/ Reject/Dispute/Settle	
Legal Cost S\$ <u>-</u>			2) Report Format: <u>TP</u>	
			3) Survey fee: <u>\$600</u>	
Total: S\$ <u>13,751.37</u> Global Sum S\$:				
FINAL PAYMENT Date/Time: <u>05.05.21</u> Confirm with: <u>MR LEE</u>			Email <input type="checkbox"/> Call <input type="checkbox"/>	
Payee 1: S\$ <u>13,751.37</u> Name 1: <u>BIFROST AUTO PTE LTD</u>				
Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____				
Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____				