

## ASSIGNMENT

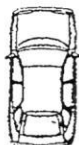
Surveyor: RASUL

DOI: 23/07/2020

Date / Time : 08/06/2020

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 7549M

Claim No. : \_\_\_\_\_

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Policy No. : \_\_\_\_\_

Insured Tel No. : HP:

Make / Model :

Excess Sec II :SS D.O.A:15/05/2020

Place of Accident : \_\_\_\_\_

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

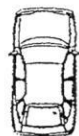
If NO, Driver Name / Age :

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

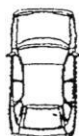
Driver Tel No. : (V/L: **YES** / NO )

Insured Liability :	%	Final ? Yes / No

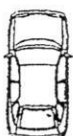
SLC 3770H



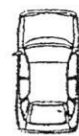
INSRS:  
WSP: WEARNES  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time	SLC 3770H : X SHA 7549M : CS/FCI17020938/Ggbn2 ; DOA : 30/10/2017		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 checked="" type="checkbox"/> <input type="checkbox"/>
			Release Voucher:	<input checked="" type="checkbox"/> <input type="checkbox"/>
			Final Repair Bill:	<input checked="" type="checkbox"/> <input type="checkbox"/>
			Car Rental Invoice:	<input checked="" 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 checked="" type="checkbox"/> <input type="checkbox"/>
			LOD	<input checked="" 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:	
Repair Cost:	S\$ 1,118.10	( 1 days) Reduction: 74 %	Email <input type="checkbox"/> Call <input type="checkbox"/>	
FINAL SETTLEMENT	Date/Time: 01/09/2020	Confirm with Christine	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :	
Repair Cost: (w/GST)	S\$ 1,196.37			
Loss of Rental (LOR): (w/GST)	S\$ 139.10	( 1 days) X \$130		
Loss of Use (LOU):	S\$ -	(\$ x days)		
Loss of Income (LOI):	S\$ -	(\$ x days)		
LOR only <input checked="" 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\$ -			
Disbursement:	S\$ -	(e.g. Tow/ Independent )	1) Claim status: Normal/ <del>Project/Private/Small</del>	
Legal Cost	S\$ -		2) Report Format: TP	
			3) Survey fee: \$350	
Total:	S\$ 1,335.47	Global Sum S\$:		
FINAL PAYMENT	Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>	
Payee 1:	S\$ 1,335.47	Name 1: Wearnes Automotive Pte Ltd		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		