

ASSIGNMENTSurveyor: BRYANDOI: 03/06/2020Date / Time : 02.06.2020Registered in Merimen: 05.06.2020**Pre-assign / CCU / FTE**Insured Vehicle No. : SHD 3165YClaim No. : MCT20050209Name of Insured : COMFORT TRANSPORTATION PTE LTDPolicy No. : MCOM0015

Insured Tel No. : _____ HP: _____

Make / Model : HYUNDAI I40 (EURO 5)**Excess Sec II :S\$** _____ D.O.A : 31/05/2020 15:30Place of Accident : LENTOR AVE >> YISHUN AVE 1

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

If NO, Driver Name / Age : TNG KAY SENG

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

Driver Tel No. : +65-98311951 (V/L: YES / NO)Insured Liability : % **Final ? Yes / No**SHC 8761ZINSRS:
WSP: BIFROST AUTO
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SHC 8761Z - X	STAGE
	SHD 3165Y - CC4/III20002800/R1pa3 ; 10/12/2019	DATE / PIC
	CS/MSG17022091/K1gbn2 ; 15/11/2017	Non-Reporting ltr (1st):
	NBA/INC19022338/r3 ; 10/12/2019	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) ☐ ☐
		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: ☐ ☐
		Post-Repair Photos: ☐ ☐
		Others: ☐ ☐
28/12/2020	SETTLED AND CLOSED / NO PHY FILE	

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____		Post-Repair Photos: ☐ ☐	
		Others: ☐ ☐	
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____			
Repair Cost: <u>L/S</u>	S\$ <u>11,600.00</u> (<u>7</u> days) Reduction: <u>69.35</u> %	Email ☒	Call ☐
FINAL SETTLEMENT Date/Time: <u>24/12/2020</u> Confirm with <u>MISS LEONG</u>		Email ☒	Call ☐
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>01</u>	If NO or B 28, Ass. Lia :	
Repair Cost: (W/GST)	S\$ <u>12,412.00</u>		
Loss of Rental (LOR):	S\$ <u>996.03</u> (<u>9</u> days) X \$110.67		
Loss of Use (LOU):	S\$ _____ (\$ _____ x _____ days)		
Loss of Income (LOI):	S\$ <u>450.00</u> (\$ _____ x <u>9</u> days) X \$50.00		
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☒ [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: <u>TP</u>	
Legal Cost	S\$ _____	3) Survey fee: <u>\$600.00</u>	
Total:	S\$ <u>13,858.03</u> Global Sum S\$:		
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email ☐ Call ☐			
Payee 1:	S\$ <u>13,858.03</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: _____		

OID FROM SIDE ROAD