

ASSIGNMENTSurveyor: **KENNETH**DOI: **19/06/2020**Date / Time : **19/06/2020**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SHC 2380D**Claim No. : **D20002449MFSH**Name of Insured : **COMFORT TRANSPORTATION PTE LTD**Policy No. : **D-20094922MFSH**

Insured Tel No. : _____ HP: _____

Make / Model : **HYUNDAI IONIQ****Excess Sec II :S\$** _____ D.O.A : **15/06/2020**Place of Accident : **ALONG MANDALAY ROAD
TOWARDS NO.51 MANDALAY ROA**Is driver the owner? (YES / **NO**) Nature of Accident : _____If **NO**, Driver Name / Age : **CHIA CHOR SENG**OI GIA REPORT: **YES** / NO ; TP GIA REPORT: **YES** / NODriver Tel No. : **86839758**(V/L: **YES** / NO)Insured Liability : % **Final ? Yes / No****SJX 2948H**INSRS:
WSP: **LOH HENG**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SJX 2948H - X	Non-Reporting ltr (1st):	
	SHC 2380D - CS/III12015419/H1kn ; 08/08/2012	Non-Reporting ltr (2nd):	
	NBA/AIG17006228/Y ; 27/03/2017	Non-Reporting ltr (Final):	
	NS/INC11007952/H1vn ; 27/04/2011	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:	☐
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____	Post-Repair Photos:	☐ ☐
		Others:	☐ ☐
FINALIZATION	Date/Time: _____ Confirm with: _____	Confirm by: _____	
Repair Cost:	S\$ 7,150.00 (6 days) Reduction: 40 %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 28/08/2020 Confirm with Danny Loh	Email ☒ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ 7,150.00		
Loss of Rental (LOR):	S\$ - (_____ days)		
Loss of Use (LOU):	S\$ 420.00 (\$ 70 x 6 days)		
Loss of Income (LOI):	S\$ - (\$ _____ x _____ days)		
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
GIA/LTA Search	S\$ 7.00		
Medical:	S\$ -	1) Claim status: Normal/ Reject/Private Settle	
Disbursement:	S\$ - (e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost	S\$ -	3) Survey fee: \$500	
Total:	S\$ 7,577.00	Global Sum S\$:	
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☐ Call ☐	
Payee 1:	S\$ 7,577.00 Name 1: Loh Heng		
Payee 2: (Strike if N.A.)	S\$ _____ Name 2: _____		
Payee 3: (Strike if N.A.)	S\$ _____ Name 3: _____		