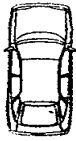
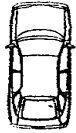


ASSIGNMENT

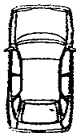
Surveyor: _____ DOI: _____ Date / Time : **26/06/2020**
 Registered in Merimen: _____

Pre-assign / CCU / FTE

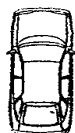
Insured Vehicle No. : **SHD 3247U** Claim No. : **D20002544MFSH**
 Name of Insured : **COMFORT TRANSPORTATION PTE LTD** Policy No. : **D-20094922MFSH**
 Insured Tel No. : _____ HP: _____ Make / Model : **HYUNDAI I40**
Excess Sec II : S\$ _____ D.O.A : **23/06/2020** Place of Accident : **CTE TO TPE PUNGGOL EXIT 1**
 Is driver the owner? (YES / **NO**) Nature of Accident : **SLIP ROAD**
 If **NO**, Driver Name / Age : **MOH SWEE PING** OI GIA REPORT: **YES** / NO ; TP GIA REPORT: **YES** / NO
 Driver Tel No. : 90092612 (V/L: **YES** / NO) Insured Liability : % **Final ? Yes / No**

SMS 2849B

INSRS:
WSP: CYCLE & CARRIAGE -
Tel : FULCO MOTOR DEALER
Liability : PTE LTD
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SMS 2849B - X	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) ☐ ☐
		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: P/P S\$ 5536.00 (4 days) Reduction: 5752.00 % 51		Email ☐ Call ☐
FINAL SETTLEMENT Date/Time: 28/12/2020 Confirm with RENZ		Email ☒ Call ☐
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27		If NO or B 28, Ass. Lia :
Repair Cost: S\$ 5923.52 W/GST		
Loss of Rental (LOR): S\$ 642.00 (4 days) x \$160.50		
Loss of Use (LOU): S\$ (\$ x days)		
Loss of Income (LOI): S\$ (\$ x days)		
LOR only ☒ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]		
GIA/LTA Search S\$ 7.45		
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: \$500.00
Total: S\$ 6572.97 Global Sum S\$:		
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email ☒ Call ☐		
Payee 1: S\$ 6572.97 Name 1: CYCLE & CARRIAGE - FULCO MOTOR DEALER PTE LTD		
Payee 2: (Strike if N.A.) S\$ Name 2:		
Payee 3: (Strike if N.A.) S\$ Name 3:		