

ASSIGNMENT

Surveyor:

MARCUS

DOI:

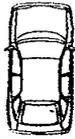
06/07/2020

Date / Time :

29.06.2020

Registered in Merimen:

29.06.2020

Pre-assign / CCU / FTEInsured Vehicle No. : SHA 1423GClaim No. : MCT20060309Name of Insured : COMFORT TRANSPORTATION PTE LTDPolicy No. : MCOM0015

Insured Tel No. : _____ HP: _____

Make / Model : HYUNDAI I40

Excess Sec II :S\$

D.O.A : 26.06.2020 13:50Place of Accident : CLEMENCEAU AVE

Is driver the owner?

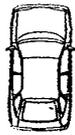
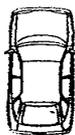
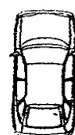
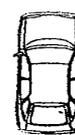
(YES / **NO**)

Nature of Accident :

If **NO**, Driver Name / Age : LIM SOEY BONGOI GIA REPORT: / NO ; TP GIA REPORT: / NODriver Tel No. : +65-91879515(V/L: / NO)

Insured Liability : _____ %

Final ? Yes / No

SMP 6302BINSRS:
WSP: KAH MOTOR
Tel : UBI
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SMP 6302B - X		
	SHA 1423G - CC3/AXA10026158/Dq1dk2 ; 25.12.2010	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"/>
		Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <input type="checkbox"/>
PRELIMINARY ADVICE	Date/Time:	Sent By:	
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: P/P	S\$ 1814.97	(3 days) Reduction: 1894.56	% 51 Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time: 09/09/2020	Confirm with Lim	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost:	S\$ 1942.01	(W/GST)	
Loss of Rental (LOR):	S\$ 321.00	(3 days) x \$107 (W/GST)	
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\$		1) Claim status: <input checked="" type="checkbox"/> Normal/Reject/Private Settle
Disbursement:	S\$	(e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S\$		3) Survey fee: \$350.00
Total:	S\$ 2263.01	Global Sum S\$:	
FINAL PAYMENT	Date/Time:	Confirm with:	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	S\$ 2263.01	Name 1: KAH MOTOR CO SDN BHD	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	