

ASSIGNMENT

Surveyor: Marcus

DOI: 14/07/2020

Date / Time : 13/07/2020

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SH 7618E

Claim No. : _____

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Policy No. : _____

Insured Tel No. : HP:

Make / Model :

Excess Sec II :SS D.O.A:09/07/2020

Place of Accident : _____

Is driver the owner? (YES / **NO**)

Nature of Accident :	
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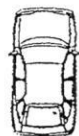
If NO, Driver Name / Age :

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

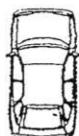
Driver Tel No. : (V/L: YES / NO)

Insured Liability :	%	Final ? Yes / No

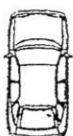
SJR 3536M



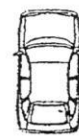
INSRS:
WSP: **ABWIN**
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SJR 3536M : X SH 7618E : CS/FCI19013853/Fqd3e2 ; DOA : 17/07/2019		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: L/S	S\$ 4400.00 (5 days)	Reduction: 9443.21 % 68	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 18/12/2020	Confirm with ABBY	Email ☒ Call ☐	
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ 4708.00	W/GST		
Loss of Rental (LOR):	S\$ (days)			
Loss of Use (LOU):	S\$ 500.00 (\$ 100 x 5 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\$ 5215.45	Global Sum S\$: 5200.00		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☒ Call ☐	
Payee 1:	S\$ 5200.00	Name 1: ABWIN SERVICE PTE LTD		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		