

Surveyor:

ADRIAN

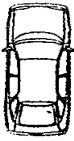
DOI:

ASSIGNMENT
20/07/2020

Date / Time : 14/07/2020

Registered in Merimen: 15/07/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 5992D

Claim No. :

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Policy No. :

Insured Tel No. : HP:

Make / Model : TOYOTA PRIUS

Excess Sec II :S\$

D.O.A : 13/07/2020 13:40

Place of Accident : SENGKANG WEST WAY X FERNVALE ROAD

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

If NO, Driver Name / Age :ANG KIAN HEE EDMUND (HONG JIANXI)OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

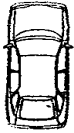
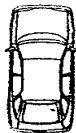
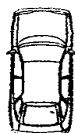
(V/L: YES / NO)

Insured Liability :

%

Final ? Yes / No

SMA 4912H

INSRS:
WSP: N-51
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SMA 4912H - X	STAGE
	SHA 5992D - CC3/AIG08005558/Vtn ; 04/01/2008	DATE / PIC
	CC3/AIG17018669/K1ka3q2 ; 26/09/2017	Non-Reporting ltr (1st):
	CC3/TMI11023025/H1ftn ; 09/11/2011	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:	S\$ (days) Reduction:	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with
		Email ☐ Call ☐
Final Liability:	% (Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost:	S\$	
Loss of Rental (LOR):	S\$ (days)	
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\$	
Medical:	S\$	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S\$ (e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S\$	3) Survey fee:
Total:	S\$	Global Sum S\$:
FINAL PAYMENT	Date/Time:	Confirm with:
		Email ☐ Call ☐
Payee 1:	S\$	Name 1:
Payee 2: (Strike if N.A.)	S\$	Name 2:
Payee 3: (Strike if N.A.)	S\$	Name 3: