

ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : 17/07/2020

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : SHB 4066D

Claim No. : D20002800MFSH

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 : 14/07/2020 13:45

Place of Accident : ALONG BEDOK CENTRAL OUTSIDE BLK 219

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

If NO, Driver Name / Age : BADUDIN BIN IBRAHIM MARICAN

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

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

Insured Liability : % Final ? Yes / No

SMM 2385DINSRS:
WSP: AUTOLUTION
Tel : INDUSTRIAL
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SMM 2385D - X	STAGE DATE / PIC
	SHB 4066D - CC3/AIG10011130/Dn1f2q2 1; 05/06/2010	Non-Reporting ltr (1st):
	CC3/AIG15007707/H1ha3q2 ; 06/05/2015	Non-Reporting ltr (2nd):
	CC3/LPC08016621/YDh ; 02/06/2008	Non-Reporting ltr (Final):
	CC3/QBE17010929/H1hb3n2 ; 03/06/2017	Notification ltr (if non-pickup):
	CS/EGI19017177/K1qf3e2 ; 27/09/2019	Call OI:
	CS3/FCI17006308/Svbm2 ; 28/03/2017	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: _____		