

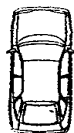
ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : **17/07/2020**
 Registered in Merimen: _____

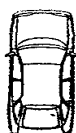
Pre-assign / CCU / FTE

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 2385D

INSRS:
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: P/P S\$ 1,178.20 (3 days) Reduction: 1,002.40/46 %		Email ☐ Call ☐
FINAL SETTLEMENT Date/Time: 28/11/2020 Confirm with ELMER Email ☐ Call ☐		
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 15		If NO or B 28, Ass. Lia :
Repair Cost: (W/GST) S\$ 1,260.67		
Loss of Rental (LOR): S\$ (days)		
Loss of Use (LOU): S\$ 150.00 (\$ 50 x 3 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: TP
Legal Cost S\$		3) Survey fee: \$350
Total: S\$ 1,410.67 Global Sum S\$:		
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email ☐ Call ☐		
Payee 1: S\$ 1,410.67 Name 1: AUTOLUTION INDUSTRIAL PTE LTD		
Payee 2: (Strike if N.A.) S\$ Name 2:		
Payee 3: (Strike if N.A.) S\$ Name 3:		