

ASSIGNMENT

Surveyor:

DOI:

Date / Time : 22/07/2020

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 8509L Claim No. : D20002844MFSH
 Name of Insured : COMFORT TRANSPORTATION PTE LTD Policy No. : D-20094922MFSH
 Insured Tel No. : HP: Make / Model : HYUNDAI I40
 Excess Sec II :\$ D.O.A : 12/07/2020 17:40 Place of Accident : ALONG FULLERTON RD
 Is driver the owner? (YES / NO) Nature of Accident :

If NO, Driver Name / Age :

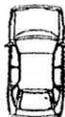
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

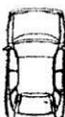
(V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SDW 289R



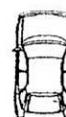
INSRS:
WSP: MOVA
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
	SDW 289R - X	
	SHC 8509L - CC3/LCR17017625/K1eb3q2 ; 08/09/2017	Non-Reporting ltr (1st):
	CC3/TMI20003536/Fvf3e2 ; 29/02/2020	Non-Reporting ltr (2nd):
	CS/FCI19008348/T1qd3n2 ; 06/05/2019	Non-Reporting ltr (Final):
	NS/INC18022202/K1vbn2 ; 07/12/2018	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"/>
15/07/2021	NO SURVEY DONE TILL DATE, FCI INSTRUCT TO CANCEL CASE. MR YEW TO SIGN	
16/07/21	To CLOSE. NO SURVEY DONE	

Project Case
 Approved by :
 Date :

PRELIMINARY ADVICE	Date/Time:	Sent By:
FINALIZATION	Date/Time:	Confirm with: Confirm by:
Repair Cost: S\$	(days) Reduction:	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time:	Confirm with Email <input type="checkbox"/> Call <input type="checkbox"/>
Final Liability: %	(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\$	(\$ days)	
Loss of Income (LOI): S\$	(\$ x)	
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR <input type="checkbox"/>	[Check only one]	
GIA/LTA Search	S\$	
Medical:	S\$	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S\$	2) Report Format:
Legal Cost	S\$	3) Survey fee:
Total:	S\$	Total Sum S\$:
FINAL PAYMENT	Date/Time:	Confirm with: Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	S\$	Name 1:
Payee 2: (Strike if N.A.)	S\$	Name 2:
Payee 3: (Strike if N.A.)	S\$	Name 3:

