

ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : **23/07/2020**Registered in Merimen: **23/07/2020****Pre-assign / CCU / FTE**Insured Vehicle No. : **SH 8761S**

Claim No. : _____

Name of Insured : **COMFORT TRANSPORTATION PTE LTD**

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

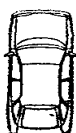
Excess Sec II :S\$ _____ D.O.A : **19/07/2020 10:00**Place of Accident : **84 JALAN GELENGGANG**

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****SLH 949D**INSRS:
WSP: **KAH MOTOR**
Tel : **UBI**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SLH 949D - X	STAGE
	SH 8761S - CC4/AXA10020495/Dp2fr1 ; 12.10.10	DATE / PIC
		Non-Reporting ltr (1st):
		Non-Reporting ltr (2nd):
	We have detected that there is already an active claim within 1 day of the Date of Loss.	Non-Reporting ltr (Final):
		Notification ltr (if non-pickup):
	SLH949D Date of Loss: 19/07/2020 (OD)	Call OI:
	Insurer: Tokio Marine Insurance Singapore Ltd	After call ltr to OI:
	Repairer: Kah Motor Co Sdn Bhd (Ubi)	Documentation Check List: Handler Typist
	Please CONFIRM that this is NOT the same case you are creating.	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"/>
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____	Post-Repair Photos: <input type="checkbox"/> <input type="checkbox"/>
		Others: <input type="checkbox"/> <input type="checkbox"/>
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: % _____ (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 <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [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 <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: _____		