

ASSIGNMENT

Surveyor: KENNETH DOI: 12/08/2020 Date / Time : 12/08/2020
 Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 3157B Claim No. : D20003112MFSH
 Name of Insured : COMFORT TRANSPORTATION PTE LTD Policy No. : D-20094922MFSH
 Insured Tel No. : _____ HP: _____ Make / Model : HYUNDAI IONIQ
Excess Sec II :S\$ _____ D.O.A : 05/08/2020 18:20 Place of Accident : HOUGANG AVE 3 X LORONG AH SOO
 Is driver the owner? (YES / NO) Nature of Accident : _____
 If NO, Driver Name / Age : LEE KUM LIAW OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
 Driver Tel No. : _____ (V/L: YES / NO) Insured Liability : _____ % **Final ? Yes / No**

SJS 3172Z



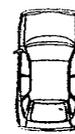
INSRS: K KIM HIN
 WSP: AUTO PTE LTD
 Tel : _____
 Liability : _____
 RMKS: _____



INSRS: _____
 WSP: _____
 Tel : _____
 Liability : _____
 RMKS: _____



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 WSP: _____
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INSRS: _____
 WSP: _____
 Tel : _____
 Liability : _____
 RMKS: _____

Date/ Time		STAGE	DATE / PIC
	SJS 3172Z - X		
	SHC 3157B - CC3/LCR17007256/H1ub3s2 : 09/04/2017	Non-Reporting ltr (1st):	
	- NS/INC16006985/H1vbn2 ; 14.04.2016	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)	<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: KSC	
Repair Cost: L/S	S\$ 9,000.00 (9 days) Reduction: 53%	Email <input type="checkbox"/> Call <input type="checkbox"/>	
FINAL SETTLEMENT	Date/Time: _____ Confirm with RED: \$10,220.70	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\$	survey fee: \$305	
Loss of Rental (LOR):	S\$ (_____ days)	trip: \$150	
Loss of Use (LOU):	S\$ (\$ _____ x _____ days)	photo: \$54	
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 Settlement	
Disbursement:	S\$ (e.g. Tow/ Independent)	2) Report Format: TP/WP	
Legal Cost	S\$	3) Survey fee: \$509	
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: _____		