

ASSIGNMENT

Surveyor: STEVE CHEN

DOI: 25/08/2020

Date / Time : 24.08.2020

Registered in Merimen: 24.08.2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 3023D

Claim No. : _____

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :SS D.O.A : 17/08/2020 09:00

Place of Accident : LENTOR AVE >> AMK

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

If NO, Driver Name / Age : GAN LAY LING

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

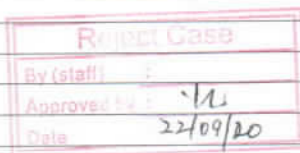
Driver Tel No. : _____ (V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SMG 5902Z

INSRS: Auburn Auto
WSP: Pte Ltd
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SMG 5902Z SHC 3023D	CS/TMI20008608/T1sf3 ; 17.08.2020 - CC3/AIG10003743/Cwq1n ; 24/02/2010 - CS/AXA09025846/Kbg1 ; 14/11/2009	Non-Reporting ltr (1st): 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
21/09/2020	TP ENCROACHED INTO OI LANE. REJECTION EMAIL TO TP. MR YEW TO SIGN & CHOP		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: ☐ ☐ Post-Repair Photos: ☐ ☐ Others: ☐ ☐



PRELIMINARY ADVICE		Date/Time:	Sent By:	
FINALIZATION		Date/Time:	Confirm with:	Confirm by:
Repair Cost:	L/S	\$S 950.00	(3 days) Reduction: 6053.60 % 86	Email ☐ Call ☐
FINAL SETTLEMENT		Date/Time:	Confirm with:	Email ☐ Call ☐
Final Liability:	% 0	(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			
Disbursement:	\$S	(e.g. Tow/ Independent)		1) Claim status: Normal/Reject/Private Settle
Legal Cost	\$S			2) Report Format: REJECT
Total:	\$S	Global Sum \$S:		3) Survey fee: \$250.00
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:		