

ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : **24.08.2020**Registered in Merimen: **24.08.2020****Pre-assign / CCU / FTE**Insured Vehicle No. : **SHA 1914G**

Claim No. : _____

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

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **13.08.2020 09:05**Place of Accident : **AROOZOO AVE**

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**SKT 2951G**INSRS:
WSP: **C & C KIA**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time					
	SKT 2951G	CC4/AIG20008438/T1es3 ; 13.08.2020	STAGE	DATE / PIC	
	SHA 1914G		Non-Reporting ltr (1st):		
		CC3/AIG11008265/H1a2a3q2 ; 28/04/2011	Non-Reporting ltr (2nd):		
		CC3/AIG13013444/Yg2a3q2 ; 21/07/2013	Non-Reporting ltr (Final):		
		CC3/LCR17018916/K1wa3q2 ; 29/09/2017	Notification ltr (if non-pickup):		
		CC4/III19018888/R1gs3q2 ; 19/10/2019	Call OI:		
		NS/INC10026182/Dn ; 28/12/2010	After call ltr to OI:		
		NS/INC16019404/H1qh3n2 ; 12/10/2016	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:	S\$	(days) Reduction:	%	Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐	Call ☐	
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 ☐	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:		
Legal Cost	S\$		3) Survey fee:		
Total:	S\$	Global Sum S\$:			
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:			