

ASSIGNMENT

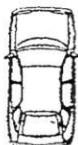
Surveyor: RASUL

DOI: 26/08/2020

Date / Time : 25/08/2020

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SH 6848P

Claim No. : _____

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Policy No. : _____

Insured Tel No. : HP:

Make / Model :

Excess Sec II :SS D.O.A: 22/08/2020

Place of Accident : _____

Is driver the owner? (YES / **NO**)

Nature of Accident :	
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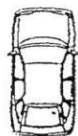
If NO, Driver Name / Age :

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

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

Insured Liability :	%	Final ? Yes / No

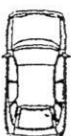
SMS 2097D



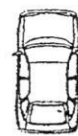
INRS:
WSP: TRANS
Tel: EUROKARS
Liability:
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SMS 2097D : X SH 6848P : CC3/AIG18007081/K1eb3q2 ; DOA : 15/04/2018		STAGE	DATE / PIC
			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
			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: P/P	S\$ 5,690.90 (6 days)	Reduction: 66 %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 21.12.2020	Confirm with JEN LIM	Email ☒ Call ☐	
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 11	If NO or B 28, Ass. Lia :	
Repair Cost: w/GST	S\$ 6,089.26			
Loss of Rental (LOR):w/GST	S\$ 642.00 (5 days)	x 120.00		
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)			
Legal Cost	S\$			
Total:	S\$ 6,731.26	Global Sum S\$:		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐	
Payee 1:	S\$ 6,731.26	Name 1: Trans Eurokars Pte Ltd		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		